

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91596 033 ***150.00

DOCUMENT # P00000075045
Entity Name CAMP'S CUSTOM MACHINE, INC.

*NIC
 FL
 914400
 7/1/01*

Principal Place of Business
 1220 TANGELO TERRACE
 BAY #1
 DELRAY BEACH, FL 33444

Mailing Address
 1220 TANGELO TERRACE
 BAY #1
 DELRAY BEACH, FL 33444

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 c/o STAHL & ASSOCIATES
 Suite, Apt. #, etc.
 138 N SWINTON AVENUE

City & State
 DELRAY BEACH, FL

4. FEI Number
 6591030590

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip 33444 **Country** USA

552368

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CAMP, ALAN L.
 1220 TANGELO TERRACE
 BAY #1
 DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, ALAN L 8270 S.W. 8th COURT N. LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Camp* **ALAN CAMP** **4/27/01** **561-265-7252**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)