2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91774 040 ***150.00

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DOCUMENT # P00000075045

1. Entity Name
CAMP'S CUSTOM MACHINE, INC.

Principal Place of Business	Mailing Address
1220 TANGELO TERRACE. BAY #1 DELRAY BEACH FL 33444	C/O STAHL & ASSOCIATES 138 N SWINTON AVENUE DELRAY BEACH FL 33444

2. Principal Place of Business	3. Mailing Address
	C/O ALAN L. CAMP
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1220 TANGELO TERR #1
City & State	City & State DELRAY BEACH, FL
Zip / Country	Zip 33444 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1030590 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMP, ALAN L 1220 TANGELO TERRACE, BAY #1 DELRAY BEACH FL 33444	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPA, ALAN L	NAME	
STREET ADDRESS	8270 S.W. 8TH COURT	STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMP, ALAN R	NAME	
STREET ADDRESS	8270 S.W. 8TH COURT	STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN L CAMP, PRES. 4/30/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #