## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

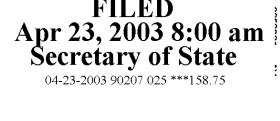
## P02000098039 DOCUMENT #

1. Entity Name ONECAM, INC.



Principal Place of Business Mailing Address 101 CRANDON BLVD. 101 CRANDON BLVD. 273 273 **KEY BISCAYNE FL 33149** KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 5. 6. Name and Address of Current Registered Agent 7. KELLY, FRANK A Street Address (P.O. 101 CRANDON BLVD: APT. 273 **KEY BISCAYNE FL 33149** 8. The above named entity submits this statement for the purpose of changing its registered office or registered a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. TITLE Delete KELLY, FRANK A NAME NAME 101 CRANDON BLVD. APT. 273 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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FEI Number 12/5486	A	pplied For ot Applicable	l
Certificate of Status Desired	\$8.75 Ad	ditional	
Name and Address of New Registered Agent			
office the second of the seco			
Box Number is Not Acceptable)			
F	L Zip Cod	е	
gent, or both, in the State of Florida. I an	n familiar with,	and accept	
reinstating) DATÉ			
Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be to Fees	
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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.

Date

Daytime Phone #

CR2E034 (10/02)