

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91440 013 ***150.00

DOCUMENT # P95000041207

1. Entity Name
CAMTECH HOLDINGS, INC.



Principal Place of Business Mailing Address
**401 E LAS OLAS BLVD., SUITE 2200
FT. LAUDERDALE, FL 33301**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0594032** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HORVITZ, DAVID W
**401 E LAS OLAS BLVD., SUITE 2200
FT. LAUDERDALE, FL 33301**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORVITZ, DAVID W		NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	450 E LAS OLAS BLVD 900		STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, MELVIN F		NAME	BURTON, F. MELVIN	
STREET ADDRESS	450 E LAS OLAS BLVD 900		STREET ADDRESS	401 E LAS OLAS BLVD #2200	
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTH, LINDA H		NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	450 E. LAS OLAS BLVD. STE 900		STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUCK, ROBERT J		NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	450 E. LAS OLAS BLVD. STE 900		STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, VIRGINIA J		NAME	401 E LAS OLAS BLVD #2200	
STREET ADDRESS	450 E. LAS OLAS BLVD. STE 900		STREET ADDRESS	FT. LAUDERDALE, FL 33301	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *SIGNATURE DAVID W HORVITZ* **4/9/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)