

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90176 008 ***150.00

DOCUMENT # **P96000102716**



1. Entity Name
CAM TECH SCHOOL OF CONSTRUCTION, INC.

Principal Place of Business
**16114 N. FLORIDA AVENUE
LUTZ FL 33549**

Mailing Address
**16114 N. FLORIDA AVENUE
LUTZ FL 33549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES *(#7)*

City & State

City & State

4. FEI Number **59-3436265**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MARTINO, THOMAS S ESQ.

Name

~~2112 N. 15TH STREET~~

Street Address (P.O. Box Number is Not Acceptable)

~~SUITE 150~~

~~TAMPA FL 33605~~

(Same agent)
ADDRESS CHANGE ONLY

2708 W. Kennedy Blvd

City

Tampa

FL

Zip Code

33609

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 **D** Delete
NAME **COLON, CAMILO**
STREET ADDRESS **11314 N. ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** Delete
NAME **COLON, RITA**
STREET ADDRESS **11314 N ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *S. Rita Colon EQUIP. Co. Colon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03 813 960.0100
Date Daytime Phone #

CR2E034 (10/02)