## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 198000081653 FILED Sep 22, 2000 8:00 am Campus Savings, INC. **Secretary of State** 09-22-2000 90040 045 \*\*\*150.00 Mailing Address #603 1250 East Hallandale 33009 2. Principal Place of Business sare DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Miami Gardens DR 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing. \$5.00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME \_ \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 if a courage 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 of tustee employers do 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 wit er like empo

SIGNATURE:



BO107356 1250 East Hallandale Beach Blvd \* Suite 603 Hallandale, Florida 33009 (954) 455-1744 or (800) 639-7214 Fax (954) 455-1745 or (800) 639-7215 Email: Sales@CampusSavings.com Website: www.CampusSavings.com

September 19, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Campus Savings, Inc. P98000081653

Dear Ms. Milligan:

Please find enclosed the Uniform Business Report 2000 for the above-mentioned corporation. As we discussed on the phone, on March 7, 2000, we filed two Uniform Business Reports, one for Creative Concepts Worldwide, Inc. and the other for Campus Savings, Inc., of which you never received the later.

Enclosed you will find the replacement check to the original check number 5510, dated March 7, 2000 in the amount of \$150, and ask that you accept this replacement check and waive any penalty fees.

If you have any questions, please do not hesitate to contact me.

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President

Enclosures · · ·

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