2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # P98000081898 1. Entity Name **Secretary of State** CAM GROUP CORPORATION Principal Place of Business Mailing Address 1226 WEST NEW HAMPSHIRE STREET P O BOX 1662 WINDEMERE ORLANDO FL FL 32804 34786 2. Principal Place of Business 3. Mailing Address 2532 GRAND POPLAR STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OCOEE FL 59-3533797 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34761 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS GEORGE 1226 W. NEW HAMPSHIRE ST Street Address (P.O. Box Number is Not Acceptable) 2532 GRAND POPLAR STREET ORLANDO 32804 City Zip Code OCOEE 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. 04/28/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD ☐ Delete TILE PSTD X Change ☐ Addition DAVIS GEORGE R NAME DAVIS GEORGE STREET ADDRESS 1226 WEST NEW HAMPSHIRE STREET STREET ADDRESS 2532 GRAND POPLAR STREET CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL. 32804 OCOEE 34761 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CIONATURE, CEORGED DAVIS