

2000 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 19, 2000 8:00 am
Secretary of State

04-25-2000 90123 013 ***150.00

DOCUMENT # P99000055706

1. Entity Name

CAMERA CREW, INC.

Principal Place of Business

3901 SOUTH OCEAN DRIVE. #5H
 HOLLYWOOD FL 33019

Mailing Address

3901 SOUTH OCEAN DRIVE. #5H
 HOLLYWOOD FL 33019-2903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3680033

Applied For

Not Applicable

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

HAP, JEFFREY
341 WEST INDIANTOWN ROAD
JUPITER FL 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **BRENT PRESIDENT** ☐ Delete
 NAME **BRENT NICHOLAYSEN**
 STREET ADDRESS **3801 SOUTH OCEAN DR. #5H**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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.

SIGNATURE

Brent M. Nicolay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2000
 Date

Daytime Phone #

CR2E034 (9/99)