

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90127 014 ****61.25

DOCUMENT # F99000001310

1. Entity Name

CAMP QUALITY USA, INCORPORATED

Principal Place of Business

Mailing Address

**2311 E CRAGMONT
 SPRINGFIELD MO 65804**

**2311 E CRAGMONT
 SPRINGFIELD MO 65804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1998955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUNTZ, VIOLA T
 153 OVERLOOK DRIVE
 CHULUOTA FL 49712**

Name **Viola Self**

Street Address (P.O. Box Number is Not Acceptable)
783 High Wave Park Ct.

City **Oviedo**

FL

Zip Code **32765**

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 **Joan Strom-Millard President, Board of Directors**

1/31/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HUDSPETH, TODD | |
| STREET ADDRESS | 4471 PANORAMA DR | |
| CITY-ST-ZIP | PANORA IA 50216 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STROM-MILLARD, JOAN | |
| STREET ADDRESS | 10404 BOND | |
| CITY-ST-ZIP | OVERLAND PARK KS 66214 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BLACK, MICHELLE | |
| STREET ADDRESS | 651 OAK HILL CT | |
| CITY-ST-ZIP | AUBREY TX 76227 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LEAMON, ROY | |
| STREET ADDRESS | 1305 SW HILLCREST DRIVE | |
| CITY-ST-ZIP | BLUE SPRINGS MO 64015 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LANDRUM, JANE | |
| STREET ADDRESS | 7419 JEFFERSON STREET | |
| CITY-ST-ZIP | KANSAS CITY MO 64114 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MOORE, KEITH | |
| STREET ADDRESS | 6911 W. 125TH STREET | |
| CITY-ST-ZIP | OVERLAND PARK KS 66209 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 REQUIRED
 Signature and typed or printed name of signing officer or director

1/31/02

Date

913-859-9968

Daytime Phone #

CR2E037 (9/01)