

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90168 029 ***150.00

DOCUMENT # G68954

1. Entity Name
CHAMCO, INC.

Principal Place of Business

798 CLEARLAKE ROAD
 COCOA FL 32922
 US

Mailing Address

798 CLEARLAKE ROAD
 COCOA FL 32922
 US

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

59-2350042

Applied For

Not Applicable

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

BRADFORD, CARTER A.
90 EAST LIVINGSTON STREET
ORLANDO FL 32801

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD CUMMINS, JIM 3520 BOCAGE DR 711 ORLANDO FL	<input type="checkbox"/> Delete	TITLE	PD CUMMINS, JIM 2708 RIVER RIDGE DR ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD CUMMINS, JUDY 3520 BOCAGE DR 711 ORLANDO FL	<input type="checkbox"/> Delete	TITLE	STD Becker, Judy 3033 Peel Ave. ORLANDO, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CUMMINS, JIMMIE M 4006 MCKAY AVE TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE	D CUMMINS, Jimmie M. 22518 WILLOW LAKES DR. Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CUMMIS, FRANCES 8080 CHRISTY DR FRISCO TX	<input type="checkbox"/> Delete	TITLE	D CUMMINS, FRANCES 8080 CHRISTY DR. FRISCO, TX 75034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D JACOBS, LEONARD 407 COURTLEA CREEK DR WINTER GARDEN FL 34737	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED Jim Cummins 4-15-02 320-639-3314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)