

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G68954

FILED  
Apr 16, 2003  
Secretary of State

Entity Name: CHAMCO, INC.

**Current Principal Place of Business:**

798 CLEARLAKE ROAD  
COCOA, FL 32922 US

**New Principal Place of Business:**

**Current Mailing Address:**

798 CLEARLAKE ROAD  
COCOA, FL 32922 US

**New Mailing Address:**

FEI Number: 59-2350042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CUMMINS, JIM,  
Address: 2708 RIVER RIDGE DR.  
City-St-Zip: ORLANDO, FL 32825

Title: STD ( ) Delete  
Name: BEELER, JUDY  
Address: 3033 PEEL AVE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: CUMMINS, JIMMIE M  
Address: 22518 WILLOW LAKES DR.  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: CUMMINS, FRANCES  
Address: 8080 CHRISTY DR  
City-St-Zip: FRISCO, TX 75034

Title: D ( ) Delete  
Name: JACOBS, LEONARD,  
Address: 407 COURTLEA CREEK DR  
City-St-Zip: WINTER GARDEN, FL 34737

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CUMMINS, JIM

PD

04/16/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date