

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90029 036 ****70.00

DOCUMENT # N93000005662

1. Entity Name

CHANCE, INC.

Principal Place of Business

1236 S MCDUFF AVE
 STE 206
 JACKSONVILLE FL 32205
 US

Mailing Address

1236 S MCDUFF AVE
 STE 206
 JACKSONVILLE FL 32205
 US

974615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3255941

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

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]

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: PD
 NAME: BAKER, LEONARD
 STREET ADDRESS: 500 WATER STREET
 CITY-ST-ZIP: JACKSONVILLE FL 32202
 Delete

TITLE: VD
 NAME: Finley Knight
 STREET ADDRESS: 4230 Ortega Blvd.
 CITY-ST-ZIP: Jacksonville, FL 32202
 Change Addition

TITLE: DP
 NAME: BAKER, LEONARD
 STREET ADDRESS: CXS 6737 SOUTH POINT DRIVE, SOUTH
 CITY-ST-ZIP: JACKSONVILLE FL 32216
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: TD
 NAME: DANIELS, SUSAN
 STREET ADDRESS: 4204 DUVAL RD
 CITY-ST-ZIP: JACKSONVILLE FL 32250
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: VD
 NAME: HULL, RICHARD
 STREET ADDRESS: 2891 RIVERSIDE AVE
 CITY-ST-ZIP: JACKSONVILLE FL 32205
 Delete

TITLE: PD
 NAME: Reverend Richard Hull
 STREET ADDRESS: 2841 Riverside Avenue
 CITY-ST-ZIP: Jacksonville, FL 32205
 Change Addition

TITLE: SD
 NAME: HAYWOOD, CONNIE
 STREET ADDRESS: 1065 LOBSTER LANE
 CITY-ST-ZIP: JACKSONVILLE FL 32218
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

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. (904) 389-1751

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 389 1751
 Date Daytime Phone #

CR2E037 (10/00)