

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90074 010 ***150.00

DOCUMENT # P98000057708

1. Entity Name
CHAMBLEE & JOHNSON, P.A.

Principal Place of Business 709 W AZEELE ST. TAMPA FL 33606	Mailing Address 7709 W AZEELE ST. TAMPA FL 33606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 215 Verne Street Suite, Apt. #, etc. Unit D City & State Tampa, FL Zip 33606	3. Mailing Address 215 Verne Street Suite, Apt. #, etc. Unit D City & State Tampa, FL Zip 33606
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4. FEI Number 59-3519587	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHAMBLEE, JOHN J JR
709 W AZEELE ST
TAMPA FL 33606

7. Name and Address of New Registered Agent
Name
Thomas L. Johnson
Street Address (P.O. Box Number is Not Acceptable)
3723 Southview
City
Brandon **FL** Zip Code
35111

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 (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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBLEE, JOHN J JR 421 ERIE AVE. TAMPA FL 33606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas L. Johnson ☐ Change ☐ Addition 3723 Southview Brandon, FL 35111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, THOMAS L 3723 SOUTHVUE BRANDON FL 35111 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John J. Chamblee Jr. ☐ Change ☐ Addition 10542 Indigo Broom Loop Austin, TX. 76723
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: **Thomas L. Johnson** 2/27/01 813-251-4542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)