

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90166 017 ****50.00

DOCUMENT # L01000007347

1. Entity Name

CHAMSOFT.COM, LLC

Principal Place of Business

**2198 MAIN STREET
SARASOTA FL 34237
US**

Mailing Address

**2198 MAIN STREET
SARASOTA FL 34237
US**

2. Principal Place of Business

3443 Tamiami Trail

Suite, Apt. #, etc.

Suite B

City & State

Port Charlotte, FL

Zip

33952

Country

USA

3. Mailing Address

PO Box 496076

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

Zip

33949-6076

Country

USA

4. FEI Number

65-1101899

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLSON, ANTHONY E
2198 MAIN STREET
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

David J Sass CPA

Street Address (P.O. Box Number is Not Acceptable)

3443 Tamiami Trail Suite B

City

Port Charlotte**FL**

Zip Code

33952

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

David J Sass CPA**3/12/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOBLER-DECURTINS, PATRICK	
STREET ADDRESS	2198 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KOBLER-DECURTINS, CLAUDIA	
STREET ADDRESS	2198 MAIN STREET	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kobler-Decurtins, Patrick	
STREET ADDRESS	3443 Tamiami Trail Suite B	
CITY-ST-ZIP	Port Charlotte, FL 33952	

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kobler-Decurtins, Claudia	
STREET ADDRESS	3443 Tamiami Trail Suite B	
CITY-ST-ZIP	Port Charlotte, FL 33952	

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		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:**Patrick Kobler, MGRM****3-13-02 941-629-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)