

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90145 038 ***150.00

DOCUMENT # 524260

1. Entity Name
CHAMBERS AGENCY, INC.



Principal Place of Business
**3101 UNIVERSITY BLVD. S. #106
P.O. BOX 16787
JACKSONVILLE FL 32216**

Mailing Address
**3101 UNIVERSITY BLVD. S. #106
P.O. BOX 16787
JACKSONVILLE FL 32216**



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 **59-1716737**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERS, JOHN HALL
3101 UNIVERSITY BLVD. S. #106
JACKSONVILLE FL 32216**

Name **CHAMBERS, JOHN HALL**
Street Address (P.O. Box Number is Not Acceptable)
8933 WINROCK DR N
City **JACKSONVILLE** FL Zip Code **32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Hall Chambers**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CHAMBERS, JOHN H.**
STREET ADDRESS **8933 WINDROCK DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **JOHN H CHAMBERS**
STREET ADDRESS **8933 WINROCK DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
NAME **CHAMBERS, EDYTHE F.**
STREET ADDRESS **8933 WINDROCK DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **8933 WINROCK DR N**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **CHAMBERS, GAMMON**
STREET ADDRESS **8933 WINDROCK DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **8933 WINROCK DR N**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/03 904-724-2162

CR2E034 (10/02)