## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 16, 2002 8:00 am § Secretary of State DOCUMENT # 591060 1. Entity Name 05-16-2002 90082 023 \*\*\*150.00 CHAMBERS ELECTRIC, INC. Principal Place of Business Mailing Address 3744 MALEC CIRCLE 3744 MALEC CIRCLE SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 996 OAKHURS DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For SARASOTA 59-1852487 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMBERS CHAMBERS, DAVID S. JR. 3744 MALEC CIRCLE SARASOTA FL 34233 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME CHAMBERS, DAVE NAME STREET ADDRESS 4351 IOLA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE PD ☐ Delete Change ☐ Addition HAMBERS, DAVID S JR NAME CHAMBERS, DAVID S JR STREET ADDRESS 3744 MALEC-CIR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP TD ☐ Delete TITLE Change ☐ Addition NAME CHAMBERS, SHARON NAME STREET ADDRESS 4351 IOLA DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-78 TITLE ☐ Delete TITLE Change \_\_\_ Addition CHAMBERS, JOAN CHAMBERS, JOAN NAME NAME STREET ADDRESS 3744-MALEG-CIR OAKHURST BLUD, STREET ADDRESS CITY-ST-ZIF SARASOTA FL 34233 CITY-ST-ZIP SARASOTA, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS e ; CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

SIGNATURE: 🔏

Daytime Phone #