

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90038 040 \*\*\*150.00

**DOCUMENT # F99000006403**

1. Entity Name

**FLORIDA CHAMBERS COMPANY ENTERPRISES, INC.**

Principal Place of Business

**3321 KNIGHT STREET  
JACKSONVILLE FL 32205**

Mailing Address

**3321 KNIGHT STREET  
JACKSONVILLE FL 32205**

2. Principal Place of Business

**13810 SUTTON PARK DR. N.**

Suite, Apt. #, etc.

**738**

3. Mailing Address

**13810 SUTTON PARK DR. N.**

Suite, Apt. #, etc.

**738**

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

Zip

**32224**

Country

**USA**

Zip

**32224**

Country

**USA**

4. FEI Number

**95-4293340**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CHAMBERS, JONATHAN G  
3321 KNIGHT STREET  
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

**JONATHAN G. CHAMBERS**

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

**13810 SUTTON PARK DR. N. #738**

City

**JACKSONVILLE**

**FL**

Zip Code

**32224**

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

*Jonathan G. Chambers*

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

(NOTE: Registered Agent signature required when reinstating)

**1/19/01**

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**

11. OFFICERS AND DIRECTORS

TITLE	<b>CPS</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS, JONATHAN G</b>	
STREET ADDRESS	<b>3321 KNIGHT STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

*Jonathan G. Chambers* **JONATHAN G. CHAMBERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/19/01**

Daytime Phone #

**904/992-9799**

CR2E034 (10/00)