

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90234 034 ***150.00

DOCUMENT # F99000006403

1. Entity Name
FLORIDA CHAMBERS COMPANY ENTERPRISES, INC.



Principal Place of Business
**2003 KNOTTINGHAM TRACE LANE
JACKSONVILLE FL 32246
US**

Mailing Address
**2003 KNOTTINGHAM TRACE LANE
JACKSONVILLE FL 32246
US**



2. Principal Place of Business
3885 S. DECATUR BLVD.

3. Mailing Address
SAME

Suite, Apt. #, etc.
2010

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LAS VEGAS, NV

City & State

4. FEI Number **95-4293340**

Applied For
Not Applicable

Zip **89103** Country **CLARK**

Zip Country

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

6. Name and Address of Current Registered Agent

**CHAMBERS, JONATHAN G
2003 KNOTTINGHAM TRACE LANE
JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name **CHAMBERS, JONATHAN G.**
Street Address (P.O. Box Number is Not Acceptable) **9727 TOUCHTON ROAD, #1913**
City **JACKSONVILLE** FL Zip Code **32246**

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 *Jonathan G. Chambers*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/7/03
DATE

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> Delete
NAME	CHAMBERS, JONATHAN G	
STREET ADDRESS	2003 KNOTTINGHAM TRACE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, JONATHAN G.	
STREET ADDRESS	9727 TOUCHTON ROAD #1913	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
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		

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: *Jonathan G. Chambers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03
Date

904/620-9272
Daytime Phone #

CR2E034 (10/02)