

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90262 004 ***150.00

DOCUMENT # G43970

1. Entity Name

ED CHAMBERS & ASSOCIATES, INC.

Principal Place of Business

**499 N SR 434
 STE 2023
 ALTMONTE SPRINGS FL 32714
 US**

Mailing Address

**499 N SR 434
 STE 2023
 ALTMONTE SPRINGS FL 32714
 US**

2. Principal Place of Business

**3601 Leota Dr
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 160482
 Suite, Apt. #, etc.**

City & State

Apopka FL

City & State

Alt. Springs, FL

4. FEI Number **59-3543621**

Applied For

Not Applicable

Zip **32703**

Country

Seminole

Zip **32716**

Country

Seminole

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERS, DAVID A
 411 CHEETAH DR.
 APOPKA FL 32712**

Name

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

City

FL

Zip Code

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 A Chambers *President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CHAMBERS, DAVID A.	
STREET ADDRESS	411 CHEETAH TRAIL	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHAMBERS, TERRY E	
STREET ADDRESS	3601 LEOTA DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

David A Chambers **DAVID A. Chambers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/01

Daytime Phone #

409/4473795

CR2E034 (10/00)