2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90166 017 ****50.00

DOCUMENT # L01000007347

1. Entity Name

CHAMSOFT.COM, LLC

Principal Place of Business	Mailing Address
2198 MAIN STREET SARASOTA FL 34237 US	2198 MAIN STREET SARASOTA FL 34237 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3443 Tamiami Trail		PO Box 496076	
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.:	
City & State: Port Charlotte, FL		City & State: Port Charlotte, FL	
Zip: 33952	Country: USA	Zip: 33949-6076	Country: USA

4. FEI Number: 65-1101899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, ANTHONY E
2198 MAIN STREET
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: David J Sass CPA
Street Address (P.O. Box Number is Not Acceptable): 3443 Tamiami Trail Suite B
City: Port Charlotte FL Zip Code: 33952

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] David J Sass CPA DATE: 3/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KOBLER-DECURTINS, PATRICK 2198 MAIN STREET SARASOTA FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Kobler-Decurtins, Patrick 3443 Tamiami Trail Suite B Port Charlotte, FL 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KOBLER-DECURTINS, CLAUDIA 2198 MAIN STREET SARASOTA FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Kobler-Decurtins, Claudia 3443 Tamiami Trail Suite B Port Charlotte, FL 33952	☒ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Patrick Kobler, MGRM 3-13-02 941-629-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #