


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90549 014 ****50.00

DOCUMENT # L02000019865

1. Entity Name
Christopher Chadwick & O'Malley LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15350 Amberly Drive

3. Mailing Address
15350 Amberly Drive

Suite, Apt. #, etc. Apt # 3222

City & State TAMPA, Florida

Zip 33647 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3863523

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jill Christopher

Street Address (P.O. Box Number is Not Acceptable)
15350 Amberly Drive #3222

City TAMPA FL Zip Code 33647

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 Jill Christopher DATE 4-08-03

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. (MANAGING MEMBERS / MANAGERS)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEM Jill Christopher 15350 Amberly Drive TAMPA, Florida 33647 #3222</u>
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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: Jill Christopher DATE 4-08-03 Daytime Phone # (813) 977-8566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)