

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005520

1. Entity Name

ALEXANDER-CHAMBERS OF ORLANDO, LLC

Principal Place of Business

3714-A SILVER STAR RD
ORLANDO FL 32808

Mailing Address

3714-A SILVER STAR RD
ORLANDO FL 32808

2. Principal Place of Business

3714-A Silver Star Rd
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32808

Country

ORANGE

Zip

32808

Country

FL

4. FEI Number

59-3600151

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERS, GLENN
3714-A SILVER STAR RD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHAMBERS, GLENN
509 PUERTA COURT
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

12/31/01

(407) 445-8885

Date

Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90002 031 ****50.00

901002



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)