

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002587

1. Entity Name

AMAZIN' GRACE, INC.

Principal Place of Business

2706 ALT US 19 NORTH, SUITE 223  
PALM HARBOR FL 34683

Mailing Address

2706 ALT US 19  
STE 223  
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3324739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAIN, RONALD E  
2706 ALT US 19 NORTH, #223  
PALM HARBOR FL 34683

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHAMBERLAIN, RONALD  
CITY-ST-ZIP 2706 ALT US 19 NORTH, #223  
PALM HARBOR FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHAMBERLAIN, CAROL J  
CITY-ST-ZIP 364 MOORINGS COVE DR  
TARPON SPRINGS FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CHAMBERLAIN, JOEL C  
CITY-ST-ZIP 364 MOORINGS COVE DR  
TARPON SPRINGS FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME (SAME)  
STREET ADDRESS 412 MOORINGS COVE DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition  
NAME (SAME)  
STREET ADDRESS 4730 SALISBURY RD, STE 208  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

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

TITLE ☐ Change ☐ 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 617, 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: RONALD CHAMBERLAIN RC Chamber 3/26/02 727-789-5872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90885 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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