


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90073 038 ****61.25

DOCUMENT # N95000002587

1. Entity Name
AMAZIN' GRACE, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

412 MOORINGS COVE DR **412 MOORINGS COVE DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

TARPON SPRINGS, FL **TARPON SPRINGS, FL**

Zip Country Zip Country

34689 **34689** **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-3324739** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **RONALD E. CHAMBERLAIN**

Street Address (P.O. Box Number is Not Acceptable)
412 MOORINGS COVE DR

City **TARPON SPRINGS** FL Zip Code **34689**

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 *RC Chamberlain* DATE 2/24/03

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 **\$5.00** May Be **Make Check Payable to**
Trust Fund Contribution. Added to Fees **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, RONALD	
STREET ADDRESS	2706 ALT US 19 NORTH, #223	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, CAROL J	
STREET ADDRESS	412 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, JOEL C	
STREET ADDRESS	4730 SALISBURY ROAD, SUITE 208	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLAIN, RONALD	
STREET ADDRESS	412 MOORINGS COVE DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 E. CHAMBERLAIN* DATE 2/24/03 **727-938-1057**

CR2E037 (10/02)