FILED

May 22, 2000 8:00 am Secretary of State

04-25-2000 90087 008 ****61.25

DOCUMENT # N99000002617

1. Entity Name

CHAMBER BUSINESS ASSISTANCE CORPORATION

Principal Place of Business 1130 CLEVELAND STREET

Mailing Address

1130 CLEVELAND STREET

CLEARWATER FL 33/35		GLEARWATER PL 33755-4841						
					(8 1814 1831 88 14 186)		1101 111	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State				olied For Applicable		
Zip Country Zi		Zip	Country	-	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Currer	nt Registered Agent		7. Name and Addi	ress of New Registered Ag	jent		
			Name					
ZSCHAU, JULIUS J			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	I, Blakely, Pope, Bokor, P.A Stnut Street							
	TER FL 33756		City		FL	Zip Code	•	
8. The above	named entity submits this statement	for the purpose of changing	its registered office or reg	sistered agent, or both, in	the state of Florida.			
	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25	9. Election Camp	9. Election Campaign Financing \$5		OO May Be Make Check Payable to Department of State			
10.	OFFICERS AND	DIRECTORS	T 11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET AUDRESS CITY-ST-ZIP	D MITCHELL, JUDY 1475 S. BELCHER ROAD LARGO FL 33771	⊠ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	et Duffy LI N-Obesola A camender, FL	re e	Change	Addition	
TITLE	D	☐ Delete	TITLE	canusar, F.C.		☐ Change	Addition	
NAME	ARMSTRONG, E.D. III		NAME					
STREET ADDRESS CITY-ST-ZIP	A 11 OLIFORIAN CHIPPE		STREET ADDRESS CITY-ST-ZIP					
TITLE	CLEARWATER FL 33756 D	☐ Delete	TITLE			☐ Change	Addition	
NAME -	CONNELLY, JOHN	50,00	NAME -		we.			
STREET ADDRESS	630 CHESTNUT ST.		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP					
TITLE	0	🔀 Delete	TITLE			☐ Change	Addition	
NAME	RENEROW JEANIE		NAME 🚄	an S. Gay				

CLEARWATER FL 33764 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS 1680 GULF TO BAY BLVD.

17757 US HWY 19 N. #660

17757 US HWY 19 N. #100

CLEARWATER FL 33764

CLEÁRWATER FL 33755

MEIDEL, MIKE

MURPHY, FRANK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

1130 Cleveland Street

Chamater, FL

Holly Duncar

Davime Phone #

Change

☐ Change

Addition

Addition