


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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91037 006 \*\*\*\*61.25

<b>DOCUMENT # N99000002617</b>			
1. Entity Name <b>CHAMBER BUSINESS ASSISTANCE CORPORATION</b>			
Principal Place of Business <b>1130 CLEVELAND STREET CLEARWATER FL 33755</b>		Mailing Address <b>1130 CLEVELAND STREET CLEARWATER FL 33755</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>ZSCHAU, JULIUS J JOHNSON, BLAKELY, POPE, BOKOR, P.A. 911 CHESTNUT STREET CLEARWATER FL 33756</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2701 Mc Rocky Point Drive</i> <i>Suite 930</i> City <i>Tampa, FL</i> Zip Code <i>33607</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3572855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERRARA, RAYMOND</b> <b>611 E DRUID RD 105</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNCAN, HOLLY</b> <b>1200 DRUID ROAD</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAY, GARY S</b> <b>1130 CLEVELAND STREET</b> <b>CLEARWATER FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAMPBELL, GLORIA</b> <b>23494 US HWY 19 N</b> <b>CLEARWATER FL 33755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEIDEL, MIKE</b> <b>17757 US HWY 19 N. #660</b> <b>CLEARWATER FL 33764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURPHY, FRANK</b> <b>17757 US HWY 19 N. #100</b> <b>CLEARWATER FL 33764</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RENFROD, JEANETTE</b> <b>1680 GULF TO BAY BLVD</b> <b>CLEARWATER FL 33754</b>

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:** \_\_\_\_\_ **SIGNATURE REQUIRED**

CR2E037 (10/02)