

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005629**

1. Entity Name

CHORES, INC.**FILED****00 MAR 20 PM 4:51**

Principal Place of Business

**606 VALLEY FORGE ROAD EAST
NEPTUNE BEACH FL 32266**

Mailing Address

**606 VALLEY FORGE ROAD EAST
NEPTUNE BEACH FL 32266-3783****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

1015 ATLANTIC BLVD #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#155

City & State

City & State

ATLANTIC BEACH, FL

4. FEI Number

59-3605403

Applied For

Not

Zip

Country

Zip

Country

322335. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY--
225 WATER STREET SUITE 1800
JACKSONVILLE FL 32202**

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	J. Douglas Campbell	
STREET ADDRESS	606 VALLEY FORGE ROAD EAST	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	

TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	GEORGE F. ARMSTRONG JR.	
STREET ADDRESS	1860 SHADOWLAWN STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	

TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	EARL GOODE JR. S.O.	
STREET ADDRESS	225 WATER ST. Suite 1800	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****1/27/00**

Date

904-249-8361

Daytime Phone #