

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005629

1. Entity Name

CHORES, INC.

Principal Place of Business

606 VALLEY FORGE ROAD EAST  
NEPTUNE BEACH FL 32266

Mailing Address

1015 ATLANTIC BLVD.  
#155  
ATLANTIC BEACH FL 32233

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

59-3605403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 PD ☐ Delete  
NAME CAMPBELL, J. DOUGLAS  
STREET ADDRESS 606 VALLEY FORGE ROAD EAST  
CITY-ST-ZIP NEPTUNE BEACH FL

TITLE DT ☐ Delete  
NAME ARMSTRONG, GEORGE F JR.  
STREET ADDRESS 1860 SHADOWLAWN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete  
NAME GOOGE, EARL JR.  
STREET ADDRESS 225 WATER ST., STE. 1800  
CITY-ST-ZIP JACKSONVILLE 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 ☐ Zip Code not listed 32266

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Zip code not listed 32205

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Zip code not listed 32202

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90666 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)