

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90760 001 \*\*\*300.00

DOCUMENT # **P66D00017817**

1. Entity Name

**KHUFU'S CHAMBER SCHOOL OF MASTER BUILDERS**

Principal Place of Business

Mailing Address

**3100 S. ADAMS  
TALL FL  
32301**

2. Principal Place of Business

3. Mailing Address

**3100 S. ADAMS**

**3100 S. ADAMS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TALL FL**

**TALL FL**

Zip **32301**

Country

**LEON**

Zip **32301**

Country

**LEON**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**76163**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESER KHUFU  
TALLHASSEE, FL  
608 HAMPTON AVE.  
32310**

Name **WESER KHUFU**  
Street Address (P.O. Box Number is Not Acceptable)  
**608 HAMPTON AVE**  
City **TALL** FL Zip Code **32310**

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

**Weser Khufu**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **WESER KHUFU**  
STREET ADDRESS **608 HAMPTON AVE**  
CITY-ST-ZIP **TALL FL**

TITLE ☐ Delete  
NAME **JAMES WASHINGTON JR**  
STREET ADDRESS **608 HAMPTON AVE**  
CITY-ST-ZIP **TALL FL 32310**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Weser Khufu**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 1 2001**

Date

**850-510-3092**

Daytime Phone #

CR2E034 (11/00)