

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90003 033 ***550.00

DOCUMENT # P00000103798

1. Entity Name

GARY CHAMBERS & ASSOCIATES, INC.

Principal Place of Business

**1407 HARNESS HORSE LANE. #203
 BRANDON FL 33511**

Mailing Address

**1407 HARNESS HORSE LANE. #203
 BRANDON FL 33511**

2. Principal Place of Business

218 ROSANA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

218 ROSANA DRIVE

Suite, Apt. #, etc.

City & State

BRANDON FLORIDA

City & State

BRANDON FLORIDA

4. FEI Number

59 3680407

Applied For

Not Applicable

Zip

33511

Country

US

Zip

33511

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CHAMBERS, GARY W

**1407 HARNESS HORSE LANE, #203
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name

CHAMBERS, GARY W

Street Address (P.O. Box Number is Not Acceptable)

218 ROSANA DRIVE

City

BRANDON

FL

Zip Code

33511

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

8-26-01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **CHAMBERS, GARY W**
 STREET ADDRESS **1407 HARNESS HORSE LANE, #203**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **CHAMBERS, GARY W**
 STREET ADDRESS **218 ROSANA DRIVE**
 CITY-ST-ZIP **BRANDON, FLORIDA 33511**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 NAME
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 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)(l), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-26-01

0084210 AV

CR2E034 (5/01)