Sep 12 02 08:39a
Sep 12 02 08:52a STEVEN C. KLEIN,CPA, PA 954

FILED
Sep 18, 2002 8:00 am
Secretary of State
09-18-2002 90049 043 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114255

1. Entity Name
CHAMBER INFORMATION PROCESSING, INC.

Principal Place of Business
7522 WILES ROAD SUITE 210
CORAL SPRINGS FL 33067

Mailing Address
7522 WILES ROAD SUITE 210
CORAL SPRINGS FL 33067

980506

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1157509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KLEIN, STEVEN C
7522 WILES ROAD SUITE 210
CORAL SPRINGS FL 33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
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 $550.00
After September 13, 2002 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	RICHARDS, TRUDYELLEN	
STREET ADDRESS	7522 WILES ROAD SUITE 210	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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: Trudyellen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-02 Date
954-345-3696 Daytime Phone #

Attachment 980526
P01000114255

STEVEN C. KLEIN, CPA, P.A.

7522 WILES ROAD • SUITE 210
CORAL SPRINGS, FLORIDA 33067
TEL (954) 345-3696
FAX (954) 340-9005
EMAIL sklein1120@aol.com

July 31, 2002

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Chamber Information Processing Inc.
Fed ID: 65-1157509

Dear Sir or Madam:

Enclosed please find a check for $150.00 for the annual report. This is the only notice I have received to file this report. When I called your office to inquire about the fees, I was informed it was $550.00 due to a late filing. Please waive this fee due to the fact I never received a notice prior to this one.

Very truly yours,

Steven C. Klein