

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91395 042 ***150.00

DOCUMENT # P02000017823



1. Entity Name
GEORGIA A. CHAMBERLIN REPORTING, INC.

Principal Place of Business
**1935 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207**

Mailing Address
**1935 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207**

2. Principal Place of Business
RR 12 Box 752

3. Mailing Address
RR 12, Box 752

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake City, FL

City & State
Lake City, FL

4. FEL Number
80-0036798

Applied For
☐ Not Applicable

Zip
32025-9185

Country

Zip
32025-9185

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERLIN, GEORGIA A
1935 SAN MARCO BOULEVARD
JACKSONVILLE FL 32207**

Name

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

RR 12, Box 752

City
Lake City

FL

Zip Code
32025

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CHAMBERLIN, GEORGIA A**
STREET ADDRESS **1935 SAN MARCO BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D, P, S, T** ☒ Change ☐ Addition
NAME
STREET ADDRESS **RR 12, Box 752**
CITY-ST-ZIP **Lake City, FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Georgia A. Chamberlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

386 365-2671

Date

Daytime Phone #

CR2E034 (10/02)