

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 033 ***150.00

DOCUMENT # P02000033124	
1. Entity Name	
MA CHAMBERLAIN COMPANY INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3015 PINE GROVE LANE Suite, Apt. #, etc.		3. Mailing Address 3015 PINE GROVE LANE Suite, Apt. #, etc.	
City & State LADY LAKE, FL		City & State LADY LAKE, FL	
Zip 32159	Country	Zip 32159	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 81-0544644		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name MICHAEL A CHAMBERLAIN Street Address (P.O. Box Number is Not Acceptable) 3015 PINE GROVE LANE City LADY LAKE FL Zip Code 32159		

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL A CHAMBERLAIN 3015 PINE GROVE LANE LADY LAKE, FL 32159	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael A Chamberlain *Michael A Chamberlain* 9/9/04 352-516-5111

L.A. JONES LLC
CERTIFIED PUBLIC ACCOUNTING FIRM

MAILING ADDRESS
P.O. BOX 1719
LADY LAKE, FL 32158-1719

TELEPHONE (352) 753-8900
FAX (352) 750-3344

PHYSICAL ADDRESS
409 S. OLD DIXIE HWY.
LADY LAKE, FL 32159

Attachment

24085886
P02600033124

September 12, 2004

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

re: 2004 UBR for M.A. Chamberlain, Inc. EIN 81-0544644

To Whom It May Concern:

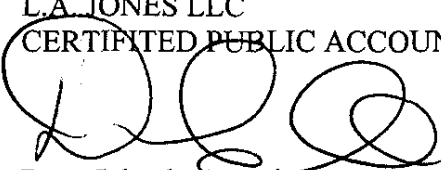
Enclosed is the 2004 UBR report for our client listed above. Our client was unaware they were late filed until they received notice of dissolution in August. Our client states they never received the original notice mailed in January.

Our client would have paid the fee when due if given sufficient notice. Due to the fact they did not receive the notice you sent in January, it would be appreciated if you would waive the penalty and accept the \$150 payment sent with this report as payment in full.

If you should have any questions regarding this matter, please contact this office at the address above.

Sincerely,

L.A. JONES LLC
CERTIFIED PUBLIC ACCOUNTING FIRM


Dory Schaub, Associate