

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90007 005 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P05676			
1. Entity Name CHAMBERS TRUSS, INC.			
Principal Place of Business 3105 OLEANDER AVE. FT PIERCE FL 34982-6423		Mailing Address 3105 OLEANDER AVE. FT PIERCE FL 34982-6423	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1785888		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIEGER, ARVIN 3105 OLEANDER AVE. FT. PIERCE FL 34982-6423		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.			
SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P BECHT ROBERT 3105 OLEANDER FT PIERCE FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BECHT ROBERT J. 3105 OLEANDER AVE. FT. PIERCE, FL 34982 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS RIEGER, ARVIN L. 710-5 DIAMOND LAKE RD MUDELEIN FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDAS RIEGER, ARVIN 10839 KING BAY DRIVE, BOCA RATON, FL. 33498 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAMBERS, PHYLLIS 3105 OLEANDER FT PIERCE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Phyllis Chambers</i>		PHYLLIS CHAMBERS, STD 1-03-01 561-465-2012	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/00)