

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90062 029 \*\*\*150.00

0656076 AV

**DOCUMENT # P96000025388**

1. Entity Name

**CHAMBERS JEWELERS OF OSCEOLA COUNTY, INC.**

Principal Place of Business

**671 FRONT ST  
 STE 110  
 CELEBRATION FL 34747  
 US**

Mailing Address

**671 FRONT ST  
 STE 110  
 CELEBRATION FL 34747  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**104 RIVERSIDE DRIVE  
 Suite, Apt. #, etc.  
 #501**

3. Mailing Address

**104 RIVERSIDE DRIVE  
 Suite, Apt. #, etc.  
 #501**

City & State

**Cocoa, FL**

City & State

**Cocoa, FL**

Zip

**32922**

Country

**BREVARD**

Zip

**32922**

Country

**BREVARD**

4. FEI Number

**59-3374892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GODFREY, ANN C  
 671 FRONT ST  
 STE 110  
 CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

Name

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

**104 RIVERSIDE DRIVE**

**#501**

City **Cocoa**

**FL**

Zip Code

**32922**

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

*Ann C. Godfrey*

(NOTE: Registered Agent signature required when reinstating)

**3/27/02**

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GODFREY, ANN C	
STREET ADDRESS	671 FRONT ST STE 110	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GODFREY, NATALIE A	
STREET ADDRESS	671 FRONT ST STE 110	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	104 RIVERSIDE DRIVE #501	
CITY-ST-ZIP	Cocoa, FL 32922	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	104 RIVERSIDE DRIVE #501	
CITY-ST-ZIP	Cocoa, FL 32922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

*Ann C. Godfrey*  
 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)