

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90158 034 ***150.00

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

DOCUMENT # P97000069665

1. Entity Name

CHAMBERLAIN CONSULTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24761 US Hwy 19 N

Suite, Apt. #, etc.

630

City & State

Clearwater, Florida

Zip

33761

Country

USA

3. Mailing Address

24761 US Hwy 19 N

Suite, Apt. #, etc.

630

City & State

Clearwater, Florida

Zip

33761

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHAMBERLAIN, CATHI

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

24761 US Hwy 19 N STE 630

City

Clearwater

FL

Zip Code

33761

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

Cathi Chamberlain-Eckert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
	CHAMBERLAIN, CATHI	24761 US Hwy 19 N Ste 630	Clearwater, FL 33761
	ECKERT, ANDREAS F.	24761 US Hwy 19 N Ste 630	Clearwater, FL 33761

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathi Chamberlain-Eckert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

Daytime Phone #

CRZE034B (12/01)