

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060544

1. Entity Name

CHAMBERS REALTY, INC.

Principal Place of Business

10191 W SAMPLE RD
211 A
CORAL SPINGS FL 33065

Mailing Address

10191 W SAMPLE RD
211 A
CORAL SPRINGS FL 33065

2. Principal Place of Business

10195 W. Sample Rd
Suite, Apt. #, etc.

3. Mailing Address

10195 W Sample Rd
Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065 Broward

Zip

33065 Broward

6. Name and Address of Current Registered Agent

CHAMBERS, ROBERT J
10011 NW 39TH CT
CORAL SPRINGS FL 33065

4. FEI Number 65-0932598

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Chambers - Robert J
Street Address (P.O. Box Number is Not Acceptable)

5667 Godfrey Rd
City Coral Springs

FL 33067

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

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

(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

TITLE PSTD
NAME CHAMBERS, ROBERT J
STREET ADDRESS 10011 NORTHWEST 39TH COURT
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5667 Godfrey Rd
Coral Springs FL 33067

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90078 006 ***158.75

C0006045



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)