

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09098

1. Entity Name

CHAMBERS ENTERPRISES, P.A.

Principal Place of Business

4830 TRAWLER COURT
JACKSONVILLE FL 32225
US

Mailing Address

4830 TRAWLER COURT
JACKSONVILLE FL 32225
US

2. Principal Place of Business

116 ALSACE CT.

Suite, Apt. #, etc.

3. Mailing Address

116 ALSACE CT.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip
32082

Country

USA

City & State

PONTE VEDRA BEACH, FL

Zip
32082

Country

USA

4. FEI Number

59-3109587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERS, DIANNE L
4830 TRAWLER COURT
JACKSONVILLE FL 32225

116 ALSACE CT.
PONTE VEDRA BEACH,
FL 32082

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

Dianne Chambers

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

(NOTE: Registered Agent signature required when reinstating)

1/10/2001

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
NAME

P

CHAMBERS, DIANNE

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

4830 TRAWLER COURT 116 ALSACE CT.
JACKSONVILLE FL 32225 PONTE VEDRA BEACH,
FL 32082

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

☐ Change

☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change

☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME

☐ Change

☐ Addition

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:

DIANNE CHAMBERS
Dianne Chambers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001

DATE

904-280-
1361

Daytime Phone #

0450045

CR2E034 (10/00)

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

01-19-2001 90031 041 ***150.00

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DO NOT WRITE IN THIS SPACE