

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010301

Entity Name: CHAMBERS FRIENDLY SERVICES, INC.

Current Principal Place of Business:

9625 N.W. 1ST CT
APT. 11-105
PEMBROKE PINES, FL 33024

Current Mailing Address:

9625 N.W. 1ST CT.
APT. 11-105
PEMBROKE PINES, FL 33024 US

FEI Number: 26-4203209

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAMBERS, BRIAN E
9625 N.W. 1ST CT.
APT. 11-105
PEMBROKE PINES, FL 33024 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CHAMBERS, BRIAN
Address 9625 N.W. 1ST CT.
APT. 11-105
City-State-Zip: PEMBROKE PINES FL 33024

Title P
Name CHAMBERS, BRIAN E
Address 9625 N.W. 1ST CT.
APT. 11-105
City-State-Zip: PEMBROKE PINES FL 33024

Title P
Name CHAMBERS B, BRIAN E
Address 9625 N.W. 1ST CT.
APT. 11-105
City-State-Zip: PEMBROKE PINES FL 33024

Title P
Name CHAMBERS, BRIAN E
Address 9625 N.W. 1ST CT.
APT. 11-105
City-State-Zip: PEMBROKE PINES FL 33024

Title P
Name CHAMBERS B, BRIAN E
Address 9625 N.W. 1ST CT.
APT. 11-105
City-State-Zip: PEMBROKE PINES FL 33024

Title P
Name CHAMBERS B, BRIAN E
Address 9625 N.W. 1ST CT.
APT. 11-105
City-State-Zip: PEMBROKE PINES FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN CHAMBERS

MANAGING OFFICER/CEO 04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date