

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000010301

**Entity Name:** CHAMBERS FRIENDLY SERVICES, INC.

**Current Principal Place of Business:**

4001 SOUTH OCEAN DRIVE  
APARTMENT 3L  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

4001 SOUTH OCEAN DRIVE  
APARTMENT 3L  
HOLLYWOOD, FL 33019 US

**FEI Number:** 26-4203209

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAMBERS, BRIAN E  
4001 SOUTH OCEAN DRIVE #3L  
APARTMENT 3L  
HOLLYWOOD, FL 33019 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 4001 SOUTH OCEAN DRIVE #3L  
City-State-Zip: HOLLYWOOD FL 33019

Title P  
Name CHAMBERS, BRIAN E  
Address 4001 SOUTH OCEAN DRIVE #3L  
City-State-Zip: HOLLYWOOD FL 33019

Title P  
Name CHAMBERS B, BRIAN E  
Address 4001 SOUTH OCEAN DRIVE #3L  
City-State-Zip: HOLLYWOOD FL 33019

Title P  
Name CHAMBERS, BRIAN E  
Address 4001 SOUTH OCEAN DRIVE #3L  
City-State-Zip: HOLLYWOOD FL 33019

Title P  
Name CHAMBERS B, BRIAN E  
Address 4001 SOUTH OCEAN DRIVE #3L  
City-State-Zip: HOLLYWOOD FL 33019

Title P  
Name CHAMBERS B, BRIAN E  
Address 4001 SOUTH OCEAN DRIVE #3L  
City-State-Zip: HOLLYWOOD FL 33019

*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

**C.E.O**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date