FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am DOCUMENT # 600507 **Secretary of State** 1. Entity Name 02-07-2002 90296 037 ***150.00 DRS. CHACE & HORVAT, P.A. Principal Place of Business Mailing Address 801 W.MORSE BOULEVARD **801 W.MORSE BOULEVARD** WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1221629 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHACE, RICHARD JR Street Address (P.O. Box Number is Not Acceptable) 801 W. MORSE BLVD WINTER PARK FL 32789 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIFLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RODNEY, HORVAT STREET ADDRESS STREET ADDRESS 801 W MORSE BOULEVARD CITY+ ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE Delete TITLE Change Addition NAME NAME CHACE, JR., RICHARD STREET ADDRESS STREET ADDRESS 801 W MORSE BLVD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME CHACE, RICHARD S STREET ADDRESS 801 W. MORSE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 supelemental 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 received 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

SIGNATURE:

changed, or on an attachm

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered.

Richaes Chace, Ir 1/3/02