


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90158 028 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000010509**

1. Entity Name  
**CHET CHASE DESIGNS INC.**



Principal Place of Business  
 1855 GRIFFIN RD.  
 FT. LAUDERDALE, FL 33312

Mailing Address  
 1855 GRIFFIN RD.  
 FT. LAUDERDALE, FL 33312

70026023

2. Principal Place of Business  
 1910 NE 52 Court

3. Mailing Address  
 1910 NE 52 Court

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
 Ft. Laud Fl

City & State  
 Ft Laud Fl

Zip  
 33308

Country  
 USA

Zip  
 33308

Country  
 USA

4. FEI Number  
 80-0033878

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MODAS, DANIEL A  
 1215 SE 2ND AVE, #202  
 FT. LAUDERDALE, FL 33335

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. I am familiar with, and accept the obligations of registered agent.

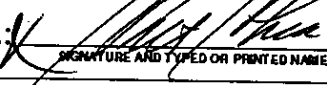
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!! FEES \$150.00**  
 After May 1, 2003 see Will 823560100  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASE, CHESTER III 1910 NE 52 CT. FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-Pres Gregory A. Scott 1910 NE 52 Court Ft. Lauderdale FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:  3-5-03

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case \_\_\_\_\_ Company Phone # \_\_\_\_\_

CR2E034 (10/02)