

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90171 010 ***150.00

DOCUMENT # **P02000069006**



1. Entity Name
STANTON CHASE INTERNATIONAL, INC.

Principal Place of Business
~~2500 WESTON ROAD STE 211~~
~~FT LAUDERDALE FL 33331~~

Mailing Address
~~2500 WESTON ROAD STE 211~~
~~FT LAUDERDALE FL 33331~~

2. Principal Place of Business

7601 N. FEDERAL HWY

3. Mailing Address

FERGUSON & FERGUSON INC



Suite, Apt. #, etc.

SUITE 220

Suite, Apt. #, etc.

1900 N. KROME AVE. ST. G CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FL

City & State

HOMESTEAD, FL.

4. FEI Number

04-3695134

Applied For

Not Applicable

Zip

33487

Country

W.P.B.

Zip

33030

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, G. ARNOTT
1900 N KROME AVE
HOMESTEAD FL 33030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FRANK, WILLIAM E JR	7859 MANDARIN DRIVE 211	BOCA RATON FL 33443	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03

Date

305-248-9870

Daytime Phone #

CR2E034 (10/02)