FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 03, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)							Secretary of State				
DOCUMENT # 1. Entity Name 428900 CHASE ENTERPRISES, INC.							06-03-2002 91166 004 ***150.00				
	DO NO	T WRITE	IN TH	IS SP	ACE					•	
Principal Place of Business 3. Mailing Address					···						
P405 MAYFAIR DR Suite, Apt. #, etc. VENICE, FL.			SAME Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number Applied For				
Zip	VENICE, FL. Zip Country Country		Zip Coun		Country	59–147		1359 of Status Desired		Not Applicable 8.75 Additional	
#\$@(1	,1233	<u> </u>						ddress of Curren		ee Required Agent	
processor and a con-	Name	-CARL-RONGO									
DO NOT WRITE IN THIS SPACE					Street A		Idress (P.O. Box Number is Not Acceptable) 405 MSYFATR DR				
	IN	1 HIS SP	ACE								
					City	VENIC	CE, FL.		FL	Zip Code 34293	
8. The above	named entity sut	omits this statement for	the purpose of o	changing its re	gistered office o	r registered	agent, or both	h, in the State of FI	orida.		
SIGNATURE _	CARI. Signature, typed or prid	RONGO nted name of registered agent an	d title if applicable.	(NOTE: R	egistered Agent signa	ture required wh	5/24/0 nen reinstating)	2	DATE	· ·	
					Fee is \$550.0 JBR is \$61.25	0		ction Campaign First st Fund Contribution		\$5.00 May Be Added to Fees	
11.		OFFICERS AND D	<u> </u>				I		*		
NAME STREET ADDRESS CITY-ST-ZIP	12117 1	CARL V. WILLINGTON RI SVILLE, NC 28			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	B/T	SVILLE, NC 20	5070		TITLE			 			
NAME STREET ADDRESS CITY-ST-ZIP	-	CINDY YFAIR DR , FL 34293		i	NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	D NIGG, (CATHERINE M			TITLE NAME		~ iii	- 4 <u>- 4</u>			
STREET ADDRESS CITY-ST-ZIP	ZIO MIDLAND DK			STREET ADDRESS CITY-ST-ZIP	***************************************	DO NOT WRITE					
TITLE NAME STREET ADDRESS	D ROBERSON - CARALYN			TITLE NAME		IN THIS SPACE					
CITY-ST-ZIP		, NC 27704			STREET ADDRESS CHTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, CARI .E. 29th st ORAL, FL 3390	24		TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME STREET ADDRESS	D RATLIF	F, CANDY UCKINGHAM RD	уч		TITLE NAME STREET ADDRESS		3. · <u></u>				
CITY-ST-ZIP		RS. FL 33905			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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATTURE AND TYPED OR PRINTED NAME OF SGNING OFFICER OR DIRECTOR

<u>5/24/02</u>
Date

Daytime Phone #