

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79582

1. Entity Name

THE CHASE GROUP INC.

Principal Place of Business

824 EEL AVE
NEW SMYRNA BEACH FL 32169
US

Mailing Address

8824 EEL AVE
NEW SMYRNA BEACH FL 32169
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3015495

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREINER, CHARLES F.
824 EEL AVE
NEW SMYRNA BCH FL 32169

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PC
NAME BREINER, CHARLES F.
STREET ADDRESS 824 EEL AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE ST
NAME CAUFIELD, ANNA B.
STREET ADDRESS 631 WOODBRIDGE DRIVE
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

TITLE VAS
NAME BREINER, NANCY W.
STREET ADDRESS 824 EEL AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE V
NAME WALKER, MARY L.
STREET ADDRESS 913 MAPLEWOOD AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0610196

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90066 041 ***150.00

C. F. Breiner C.F. Breiner

1/17/01

904-423-8393