

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M29037

1. Entity Name  
Case Technologies CORPORATION

Principal Place of Business  
5951 Bayview Drive  
#209  
Ft. Lauderdale FL 33308

Mailing Address  
195 CHADWICK ROAD  
TEANECK NJ 07666  
USA.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 24 PM 3:13

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
195 CHADWICK ROAD  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TEANECK NJ 07666

4. FEI Number  
22-342 4088

Applied For  
Not Applicable

Zip  
Country

Zip  
Country

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

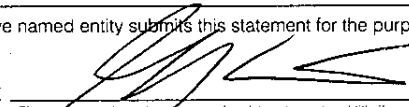
## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
State  
Zip Code

Name  
CHATTERTON, Gerald  
Street Address  
5951 Bayview Drive #209  
City  
Ft. Lauderdale FL Zip Code  
33308

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  CHATTERTON, Gerald 4/23/01  
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHATTERTON, Adrienne <input checked="" type="checkbox"/> Delete 195 CHADWICK ROAD TEANECK NJ 07666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHATTERTON, Alicia <input checked="" type="checkbox"/> Delete 195 CHADWICK ROAD TEANECK NJ 07666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHATTERTON, Keith <input checked="" type="checkbox"/> Delete 195 CHADWICK ROAD TEANECK NJ 07666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIP CHATTERTON, GERALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 195 CHADWICK ROAD TEANECK NJ 07666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004499603-1 -07/26/01--01018--022 *****61.25 *****61.25
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:  GERALD Chatterton 4/23/01 732-522 4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
01 JUL 24 836 6976

CR2E034 (11/00)