

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90096 048 ***150.00

DOCUMENT # P00000035111

1. Entity Name

CHASE WINDS, INC.

Principal Place of Business

**917 BARNETT DR.
LAKE WORTH FL 33461**

Mailing Address

**917 BARNETT DR.
LAKE WORTH FL 33461**

2. Principal Place of Business

2836 FOREST Hill Blvd.
Suite, Apt. #, etc.

3. Mailing Address

2836 FOREST Hill Blvd.
Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

4. FEI Number

65-0998904

Applied For

Not Applicable

Zip

33406

Country

PALM BEACH

Zip

33406

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHASE, BRYAN D
917 BARNETT DR.
LAKE WORTH FL 33461**

Name

CHASE, BRYAN D.

Street Address (P.O. Box Number is Not Acceptable)

2836 FOREST Hill Blvd.

City

WEST PALM BEACH

FL

Zip Code

33406

7. Name and Address of New Registered Agent

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.

BRYAN CHASE, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

01-17-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, BRYAN D 917 BARNETT DR. LAKE WORTH FL 33461	<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
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	PD CHASE, BRYAN D. 2836 FOREST Hill Blvd. WEST PALM BEACH, FL. 33406	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN CHASE

Date

01-17-01 (562) 642-9577

Daytime Phone #

CR2E034 (10/00)