

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2002 8:00 am
Secretary of State

02-27-2002 90084 011 ***158.75

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1. Entity Name

CHASE INVESTMENTS OF FLORIDA, INC.

Principal Place of Business

6860 GULFPORT BLVD SOUTH
 SUITE#328
 SAINT PETERSBURG FL 33707

Mailing Address

6860 GULFPORT BLVD SOUTH
 SUITE#328
 SAINT PETERSBURG FL 33707

2. Principal Place of Business

P.O. Box 3333

Suite, Apt. #, etc.

Apollo Bch

City & State

Florida

3. Mailing Address

P.O. Box 3333

Suite, Apt. #, etc.

Apollo Bch

City & State

Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3668628

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name *James Douglas*

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

818 Symphony Isles Blvd

City

Apollo Bch

FL

Zip Code

33572

SHERMAN, JEFFREY M

810 63RD AVE. N.

ST. PETERSBURG FL 33702

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.

J. L. Douglas

(NOTE: Registered Agent signature required when reinstating)

2/14/02

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, 2002 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 ☐ Delete
 NAME **PSTD DOUGLAS, JAMES**
 STREET ADDRESS **6860 GULFPORT BLVD S. STE.#328**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME *C.M. DOUGLAS*
 STREET ADDRESS *818 Symphony Isles Blvd.*
 CITY-ST-ZIP *Apollo Bch, FL 33572*

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C.M. Douglas, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Date

727-403-4311

Daytime Phone #

CR2034 (9/01)