

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90004 014 ***150.00

DOCUMENT # P00000094228

1. Entity Name
CHASE TRANSPORT, INC.

Principal Place of Business
~~16915 S.E. 101ST COURT ROAD~~
~~SUMMERFIELD FL 34491~~
2345 Hillside Ave
Orange City, FL 32763

2. Principal Place of Business
2345 Hillside Ave
Suite, Apt. #, etc.

City & State
Orange City, FL
Zip
32763 Country
USA

6. Name and Address of Current Registered Agent

CHASE, ELEANOR
16915 S.E. 101ST COURT ROAD
SUMMERFIELD FL 34491

3. Mailing Address
Same
Suite, Apt. #, etc.

4. FEI Number
59-3674239 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Eleanor Chase
Street Address (P.O. Box Number is Not Acceptable)
2345 Hillside Ave
City
Orange City FL Zip Code
32763

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
Eleanor Chase
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
D
NAME
CHASE, MARL A
STREET ADDRESS
16915 S.E. 101ST COURT ROAD
CITY-ST-ZIP
SUMMERFIELD FL 34491

TITLE
D
NAME
CHASE, DENNIS
STREET ADDRESS
POST OFFICE BOX 306
CITY-ST-ZIP
SANGERVILLE ME 04479

TITLE
D
NAME
CHASE, ELEANOR
STREET ADDRESS
6915 S.E. 101ST COURT ROAD
CITY-ST-ZIP
SUMMERFIELD FL 34491

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2345 Hillside Ave
Orange City, FL 32763

TITLE
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CITY-ST-ZIP

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TITLE
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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: **Eleanor Chase** 3-24-01 386 775 5366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)