

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 027 ***150.00

DOCUMENT # P01000033265

1. Entity Name

The Chase Fishing Charter Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

#103
128 W. Broadway

Suite, Apt. #, etc.

DVIEDO Florida

City & State

3. Mailing Address

2000 Winter Springs Blvd

Suite, Apt. #, etc.

DVIEDO Florida

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-D622301

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Gary L. Glover

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

10101 Blackberry Rd.

City Mims

FL

Zip Code

32754

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<u>President</u>
NAME	<u>GARY L. Glover</u>
STREET ADDRESS	<u>10101 Blackberry Rd</u>
CITY-ST-ZIP	<u>Mims, FL 32754</u>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary L. Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

407-977-508
Daytime Phone #