2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 27, 2002 8:00 am secretary of State P01000055341 DOCUMENT # 1. Entity Name 05-27-2002 90463 027 ***150.00 A RIA CHASE COMPANY INCORPORATED Principal Place of Business Mailing Address 165 BROOKS ST UNIT C 165 BROOKS ST UNIT C FT WALTON BCH FL 32548 FT WALTON BCH FL 32548 2. Principal Place of Business 3. Mailing Address 98 Miracle Strip Pkwy 98 Miracle Strip Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #205 #205 Applied For City & State 4. FEI Number City & State 65-1101769 Fort Walton Beach, FL Not Applicable Fort Walton Beach, FL Country Country \$8.75 Additional 5. Certificate of Status Desired 32548 32548 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u> Maria E. Farnsworth</u> HICKMAN, J.A. Street Address (P.O. Box Number is Not Acceptable) 98 Miracle Strip PKWy SE: #205 220 GOVERMENT ST STE 1 NICEVILLE FL 32578 City Zip Code 32548 Fort Walton Beach 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP (X) Change ... Addition TITLE ☐ Delete TITLE CHASE, MARIA E NAME Farnsworth, Maria E. NAME 165 BROOKS ST UNIT C STREET ADDRESS STREET ADDRESS 98 Miracle Strip Pkwy SE #205 FT WALTON BCH FL 32548 CITY-ST-ZIP CITY-ST-ZIP Fort Walton Beach, FL 32548 Change TITLE ☐ Delete TITI F Addition Vice President Scott Theo Farnsworth 98 Miracle Strip Pkwy SE #205 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fort Walton Beach, FL 32548 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED