

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40386

1. Entity Name

CHASE CONSULTANTS INTERNATIONAL, INCORPORATED

FILED

Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90001 017 \*\*\*158.75

Principal Place of Business

Mailing Address

1735 JEFFERSON DAVIS HIGHWAY  
SUITE 802  
ARLINGTON VA 22202

1735 JEFFERSON DAVIS HIGHWAY  
SUITE 802  
ARLINGTON VA 22202-3416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

277 S. WASHINGTON ST

277 S. WASHINGTON ST.

Suite, Apt. #, etc.

SUITE 120

City & State

ALEXANDRIA VA

Zip

22314

Country

USA

Suite, Apt. #, etc.

SUITE 120

City & State

ALEXANDRIA VA

Zip

22314

Country

USA

4. FEI Number

54-1358111

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNETT, EBEN  
122-A W. INDUSTRIAL LOOP  
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	CHASE, PAUL R.	
STREET ADDRESS	806 S. FAIRFAX ST.	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILVEY, FRANK J.	
STREET ADDRESS	11650 DEADWOOD DRIVE	
CITY-ST-ZIP	LUSBY MD 20657	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHASE, PHILIP R.	
STREET ADDRESS	416 TIMBER BRANCH PARKWAY	
CITY-ST-ZIP	ALEXANDRIA VA 22302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	22314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ALEXANDRIA VA	
CITY-ST-ZIP	22302	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE:

PHILIP R CHASE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 703-413-3100

CR2E034 (9/99)