Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

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12.

TITLE

NAME

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NAME

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TIRE

NAME

CITY-ST-ZIP

CITY-ST-7(P

CITY-ST-ZIP

CITY-ST-21P

SUITE 120

277 S WASHINGTON ST

ALEXANDRIA VA 22314

## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P40386 1. Entity Name CHASE CONSULTANTS INTERNATIONAL, INCORPORATED

Principal Place of Business

277 S WASHINGTON ST

ALEXANDRIA VA 22314

Suite, Apt. #, etc.

-BARNETT, EBEN-

(See criteria on back)

DCP

J22-A-W: INDUSTRIAL LOOP **ORANGE PARK FL 32073** 

8. The above named entity submits th

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

CHASE, PAUL R.

SILVEY, FRANK J.

**LUSBY MD 20657** 

CHASE, PHILIP R.

ALEXANDRIA VA 22302

806 S. FAIRFAX ST.

ALEXANDRIA VA 22314

11650 DEADWOOD DRIVE

416-TIMBER-BRANCH-PARKWAY-

City & State

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SIGNATURE

11.

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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2. Principal Place of Business

Country

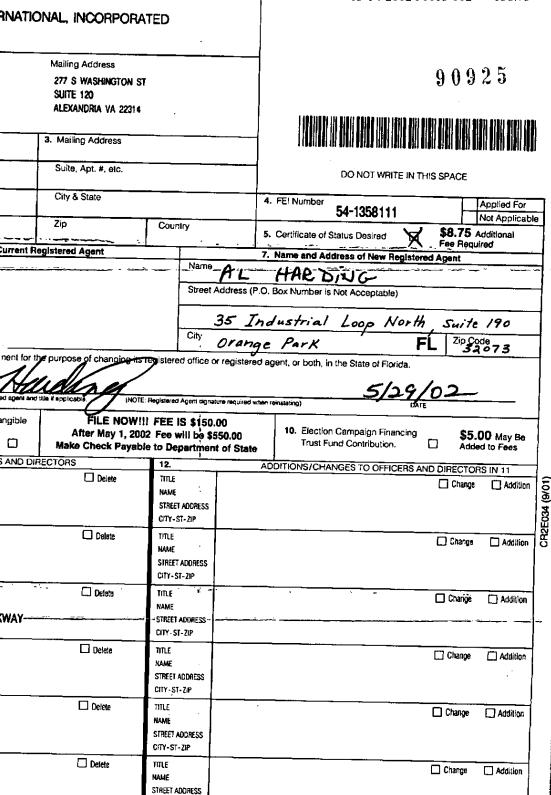
6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

**SUITE 120** 

## FILED Jun 03, 2002 8:00 am **Secretary of State**

05-14-2002 90015 002 \*\*\*158.75



13. I hereby certify that the information supplied with this filling 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 peport 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 productions.

CITY-ST-ZIP

**SIGNATURE** 

SKINATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date