

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90119 020 \*\*\*150.00

0662907 AB

**DOCUMENT # P40386**

1. Entity Name  
**CHASE CONSULTANTS INTERNATIONAL, INCORPORATED**



Principal Place of Business  
**277 S WASHINGTON ST  
SUITE 120  
ALEXANDRIA VA 22314**

Mailing Address  
**277 S WASHINGTON ST  
SUITE 120  
ALEXANDRIA VA 22314**



2. Principal Place of Business  
**300 N. WASHINGTON ST**

3. Mailing Address  
**300 N. WASHINGTON ST.**

Suite, Apt. #, etc.  
**SUITE 400**

Suite, Apt. #, etc.  
**SUITE 400**

City & State  
**ALEXANDRIA**

City & State  
**ALEXANDRIA**

Zip  
**22314**

Country  
**USA**

Zip  
**22314**

Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES

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

**HARDING, AL  
35 INDUSTRIAL LOOP NORTH  
STE 190  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP CHASE, PAUL R. 806 S. FAIRFAX ST. ALEXANDRIA VA 22314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVEY, FRANK J. 11650 DEADWOOD DRIVE LUSBY MD 20657	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, PHILIP R. 416 TIMBER BRANCH PARKWAY ALEXANDRIA VA 22302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHASE, PAUL R. SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SECRETARY KARLSON, WILLIAM E. SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NOLAN, PHILIP D. SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TREASURER ZARAMBA, MICHAEL A. SAME AS ABOVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORTI, CHRISTOPHER J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL A. ZARAMBA VP**

**4/29/03**

Date

**(703) 684-1125**

Daytime Phone #

CR2E034 (10/02)