

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90002 019 ***550.00

DOCUMENT # P93000012240

1. Entity Name
CHASE AMERICA, INC.

Principal Place of Business
 1121 PROSPERITY FARMS ROAD
 #210C
 PALM BEACH GARDENS FL 33410
 US

Mailing Address
 11211 PROSPERITY FARMS ROAD
 #210C
 PALM BEACH GARDENS FL 33410
 US

2. Principal Place of Business
~~7100-39 FAIRWAY DRIVE~~
 Suite, Apt. #, etc.
Suite 223 504

3. Mailing Address
~~7100-39 FAIRWAY DRIVE~~
 Suite, Apt. #, etc.
Suite 223 504

City & State
Palm Beach Gardens, FL
 Zip
33410

City & State
Palm Beach Gardens, FL
 Zip
33410

4. FEI Number
65-0394677

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

STEFAN, DAVID E
 11211 PROSPERITY FARMS ROAD
 SUITE 210C
 PALM BEACH GARDENS FL 33410

Name
DAVID E. STEFAN
 Street Address (P.O. Box Number is Not Acceptable)
~~7100-39 FAIRWAY DRIVE~~
Suite 223 504
 City
Palm Beach Gardens FL
 Zip Code
33410

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 *David E. Stefan*

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	STEFAN, DAVID E	
STREET ADDRESS	11211 PROSPERITY FARMS ROAD, SUITE 210C	
CITY-ST-ZIP	PALM BEACH FL 33410	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4440 PGA Blvd.	
STREET ADDRESS	7100-39 FAIRWAY DRIVE	
CITY-ST-ZIP	Suite 223 504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palm Beach Gardens FL	
STREET ADDRESS		
CITY-ST-ZIP	33410	
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		
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 like empowered.

SIGNATURE: *David E. Stefan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)