

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046254

1. Entity Name

CHASSE ROOFING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90209 017 ***150.00

Principal Place of Business

1310 WEST 19TH STREET
PANAMA CITY FL 32405
US

Mailing Address

P.O. BOX 16102
PANAMA CITY FL 32405
US

2. Principal Place of Business

1815 W. 15th St.
Suite, Apt. #, etc.
7

3. Mailing Address

P.O. Box 16102
Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip
32405

Country
BAY

City & State

PANAMA CITY, FL

Zip
32406

Country
USA

4. FEI Number

59-3187546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASSE, MARK A
9006 KINGSWOOD RD
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name

CHASSE, MARK A.

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

14540 Big Island Pond Rd

City

Southport,

FL

Zip Code

32409

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's signature required when re-registering)

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, 2001 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

TITLE PST
NAME CHASSE, MARK A
STREET ADDRESS 9006 KINGSWOOD RD
CITY-ST-ZIP SOUTHPORT FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME CHASSE, MARK A
STREET ADDRESS 14540 Big Island Pond Rd
CITY-ST-ZIP Southport, FL 32409

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 747-8678

CR2E034 (10/00)