

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90144 011 ***150.00

DOCUMENT # P93000046254



1. Entity Name
CHASSE ROOFING, INC.

Principal Place of Business
1815 W 15TH STREET
7
PANAMA CITY FL 32405
US

Mailing Address
P.O. BOX 16102
PANAMA CITY FL 32405
US



2. Principal Place of Business
310 W. 13TH ST.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
PANAMA CITY, FL.
Zip
32401
Country
US

City & State

4. FEI Number **59-3187546**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHASSE, MARK A
14540 BIG ISLAND POND ROAD
SOUTHPORT FL 32409

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-03
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 **PST** ☐ Delete
NAME **CHASSE, MARK A**
STREET ADDRESS **14540 BIG ISLAND POND ROAD**
CITY-ST-ZIP **SOUTHPORT FL 32409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **CHRISTOPHER WOODS**
STREET ADDRESS **929 BRADFORD CIR.**
CITY-ST-ZIP **LYNN HAVEN FL. 32444**

TITLE **SEC.** ☐ Change ☒ Addition
NAME **GEORGE MERCED**
STREET ADDRESS **3714 W. 21ST ST.**
CITY-ST-ZIP **PANAMA CITY, FL. 32405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

325-03

850-747-8678

Date

Daytime Phone #

CR2E034 (10/02)