

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034942

1. Entity Name
CHASE PHOTOGRAPHY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90091 035 ***150.00

Principal Place of Business 5000-18 HWY 17 163 ORANGE PARK FL 32073 US	Mailing Address 5000-18 HWY 17 163 ORANGE PARK FL 32073 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3249860	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**REMSEN, KENNETH M
426 HARVEST BEND DRIVE
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.

SIGNATURE _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMSEN, KENNETH M	NAME		NAME		NAME	
STREET ADDRESS	426 HARVEST BEND DRIVE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, STEPHEN R	NAME		NAME		NAME	
STREET ADDRESS	6371 TINTERN CIRCLE WEST	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: Kenneth M. Remsen **KENNETH M. REMSEN** 4/27/00 904-399-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)