

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90096 047 \*\*\*150.00

DOCUMENT # P95000097627

1. Entity Name

CHASE AND WEBBER, INC.

Principal Place of Business

917 BARNNETT DRIVE  
LAKE WORTH FL 33461  
US

Mailing Address

917 BARNNETT DRIVE  
LAKE WORTH FL 33461

2. Principal Place of Business

2836 FOREST Hill Blvd.

3. Mailing Address

2836 FOREST Hill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

WEST PALM BEACH, FL.

4. FEI Number

65-0630112

Applied For

Not Applicable

Zip

33406

Country

PALM BEACH

Zip

33406

Country

PALM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHASE, BRYAN  
917 BARNNETT DRIVE  
LAKE WORTH FL 33461

Name

CHASE, BRYAN

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

2836 FOREST Hill Blvd.

City

WEST PALM BEACH

FL

Zip Code

33406

7. Name and Address of New Registered Agent

SIGNATURE

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

BRYAN CHASE, PRESIDENT

(NOTE: Registered Agent Signature required when reinstating)

DATE

01.17.01

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	PD	<input type="checkbox"/> Delete
NAME	CHASE, BRYAN	
STREET ADDRESS	917 BARNNETT DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, BRYAN	
STREET ADDRESS	2836 FOREST Hill Blvd.	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33406	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN CHASE

Date

01.17.01 (561) 442-9577

Daytime Phone #

CR2E034 (10/00)