2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000025731** May 04, 2000 8:00 am Secretary of State CHASE & CO. OF CAPE CORAL 05-04-2000 90104 043 ***150.00 Mailing Address Principal Place of Business C/O THOMAS PIATKOWSKI C/O THOMAS PIATKOWSKI 4917 SW 13TH AVENUE 4917 SW 13TH AVENUE CAPE CORAL FL 33914-6904 CAPE CORAL FL 33914 3. Mailing Address 2. Principal Place of Business c/o STEVEN CHASE c/o steven chase DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. <u>3518 S.E. 18th AVE</u> 3518 S.E. <u> 18th AVE</u> 4. FEI Number Applied For City & State City & State 65-0723956 Not Applicable CAPE CORAL CAPE CORAL Country \$8.75 Additional* Zip Country Zip П 5. Certificate of Status Desired Fee Required 33904 LEE 33904 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEVEN CHASE PIATKOWSKI, THOMAS Street Address (P.O. Box Number is Not Acceptable) 4917 SW 13TH AVENUE CAPE CORAL FL 33914 3518 S.E. 18th AVE. City Zip Code 33904 CAPE CORAL 8. The above named entity symbia this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition 🔽 Delete TITLE NAME PIATKOWSKI, THOMAS STREET ADDRESS STREET ADDRESS 4917 SW 13TH AVENUE CITY-ST-ZIE CITY-ST-ZIP CAPE CORAL FL 33914 Change ☐ Addition ☐ Delete TITLE TITI F PRESIDENT, TREASURER CHASE, STEPHEN NAME NAME CHASE, STEVEN STREET ADDRESS STREET ADDRESS 1600 HAGYS FORD ROAD 3518 S.E. 18th AVE. CITY-ST-7IP CITY-ST-ZIP PENN VALLEY PA 19072 CAPE CORAL, FL 33904 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 exercise with all other like empowered.

DESCRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR