

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90080 005 ***150.00

DOCUMENT # P96000091049

1. Entity Name
DEER CHASE CORPORATION



Principal Place of Business
4400 N.W. 6TH STREET
DEERFIELD BEACH FL 33442

Mailing Address
4400 N.W. 6TH STREET
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0737775**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, DEBORAH
4400 N.W. 6TH STREET
DEERFIELD BEACH FL 33442

Name **Thomas F. Pechette**

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

10 Ironwood Way North

City

Palm Beach Gardens

FL

Zip Code
33418

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 *Thomas F. Pechette*

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

(NOTE: Registered Agent signature required when reinstating)

04-15-2003

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PECHETTE, CHARLES A**
STREET ADDRESS **7321 SHADELAND STATION #220**
CITY-ST-ZIP **INDIANAPOLIS IN**

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

TITLE **T** ☐ Delete
NAME **CURTIS, JAMES J**
STREET ADDRESS **6930 ATRIUM BOARDWALK SOUTH**
CITY-ST-ZIP **INDIANAPOLIS IN**

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

TITLE **S** ☐ Delete
NAME **CAPEHART, JAMES B**
STREET ADDRESS **1311 WEST 96TH ST #204**
CITY-ST-ZIP **INDIANAPOLIS IN**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Charles A. Pechette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2003

(317) 579-0500

Date

Daytime Phone #

CR2E034 (10/02)