

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90252 048 \*\*\*150.00

DOCUMENT # P96000103970

1. Entity Name  
**THE CHASE DESIGN GROUP, INC.**

Principal Place of Business      Mailing Address  
 2445 SW 18 TERRACE #712      PO BOX 350153  
 FT LAUDERDALE FL 33315      FT LAUDERDALE FL 33335  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2701 GRIFFIN ROAD</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>UNIT A</i>		Suite, Apt. #, etc.	
City & State <i>DANIA, FL</i>		City & State	
Zip <i>33312</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <b>65-0715263</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>GUERIN, CATHY</b> 2301 W SAMPLE ROAD BLDG 3 STE 3-A POMPANO BEACH FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1231 N.E. 17 TERRACE</i> City <i>FT. LAUDERDALE</i> Zip Code <i>33304</i>	
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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. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$250.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCOTT, GREGORY A</b> 2445 SW 18 TERRACE STE 712 FT LAUDERDALE FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2701 GRIFFIN ROAD, UNIT A</i> <i>DANIA, FL 33312</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHASE, CHET</b> 2445 SW 18 TERRACE, STE 712 FT LAUDERDALE FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2701 GRIFFIN ROAD, UNIT A</i> <i>DANIA, FL 33312</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)