## FILED May 19, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** P97000023150 DOCUMENT # 1. Entity Name 05-19-2002 90067 050 \*\*\*150.00 WHITE EAGLE CHASE, INC. Principal Place of Business Mailing Address 703 A COURT STREET 703 A COURT STREET **CLEARWATER FL 33756** CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address 703 B Court Court Street Sheet 703 В Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3466071 lear water Not Applicable Country Country \$8.75 Additional 33756 USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brandstadter-Palmer BRANDSTADTER-PALMER, GEORGIA W Street Address (P.O. Box Number is Not Acceptable 106 FIRST ST E ake Dhore **#I-208** TIERRA VERDE FL 33715 8. The above pamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Inature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition BRANDSTADTER-PALMER, GEORGIA W NAME NAME 703 A COURT STREET STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP~ CITY STEZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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 Acciver 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: