## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000023150 DOCUMENT #

1. Entity Name

WHITE EAGLE CHASE, INC.



**FILED** Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90097 010 \*\*\*150.00

					ESS						
Principal Place of Business 703 B COURT STREET CLEARWATER FL 33756 US		Mailing Address 703 8 COURT STREET CLEARWATER FL 33756 US									
2. Principal f	Place of Business	3. Mailing Address						<b></b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				□ CHECK HERE IF MAKING CHANGES					
City & Sta	te	City	City & State			4. FEI Number 59-	3466071:		App	olied For Applicable	
Zip	Country	Zip		Country		5. Certificate of Statu	s Desired		5 Addi equired		
	6. Name and Address of Current	Registere	d Agent			7. Name and Addres	s of New Regist	ered Agent			
					Name						
	adter-Palmer , Georgia W Shore Drive		Street Address			(P.O. Box Number is Not Acceptable)					
PH #17											
NORTH P	ALM BEACH FL 33408			City				FL Zi	p Code	,	
	named entity submits this statement follows of registered agent.	or the purpo	ose of changing its re	egistered office or r	egistered	agent, or both, in the	State of Florida.	I am familiar	with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent		0.075					DATE			
	Signature, typed or printed name or registered agent	and title if appli	cable. (NOTE: F	Registered Agent signature 	a required wi	ien reinstating)					
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State					ampaign Financin Contribution.			May Be to Fees	
10.	OFFICERS AND	DIRECTOR	RS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIREC	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brandstadter-Palmer , Geo 703 A Court Street Clearwater FL 33756	, , . , , , , ,	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip				☐ Cr		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	<del></del>	Delete	TITLE NAME .STREET ADDRESS_ ~	~		ر منحور و مسار آدر بهاد ر	Cr	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Ch		Addition	
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12. I hereby certify that the information supplied with this filling 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.