

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90132 034 \*\*\*150.00

**DOCUMENT # P97000060252**

1. Entity Name

**CHASE INVESTMENTS & FINANCIAL PLANNING OF FLORIDA, INC**

Principal Place of Business

931 SOUTH FLORIDA AVENUE  
 LAKE LAND FL 33803

Mailing Address

931 SOUTH FLORIDA AVENUE  
 LAKE LAND FL 33803

**C0014917**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**933 South Fla. Ave**

Suite, Apt. #, etc.

3. Mailing Address

**933 S. Fla. Ave.**

Suite, Apt. #, etc.

City & State  
**LAKE LAND FL**

City & State  
**LAKE LAND FL**

4. FEI Number **59-3456363**

Applied For  
 Not Applicable

Zip Country  
**33803 POLK**

Zip Country  
**33803 POLK**

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.**  
**941 FOURTH STREET #200**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **F. KNEELAND CHASE JR.**

Street Address (P.O. Box Number is Not Acceptable)  
**933 S. Fla. Ave.**

City **LAKE LAND** **FL** Zip Code **33803**

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 **THIS HAS ALREADY BEEN DONE - SEE DOCUMENT 1111**  
 Signature, typed or printed name of registered agent and title if applicable (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **CHASE, KNEELAND**  
 STREET ADDRESS **931 SOUTH FLORIDA AVENUE**  
 CITY-ST-ZIP **LAKE LAND FL 33803**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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)(j), 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: **F. Kneeland Chase Jr.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)