

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90744 001 \*\*\*300.00

0363525 AV

**DOCUMENT # P97000096293**

1. Entity Name  
**CHASE DISTRIBUTORS, INC.**

Principal Place of Business  
**17104 GULF PINE CIRCLE**  
**WELLINGTON FL 33414**

Mailing Address  
**17104 GULF PINE CIRCLE**  
**WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11886 Osprey Pt Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**11886 Osprey Pt Circle**  
 Suite, Apt. #, etc.

City & State  
**Wellington, FL**  
 Zip  
**33467**  
 Country  
**Palm Bch**

City & State  
**Wellington, FL**  
 Zip  
**33467**  
 Country  
**Palm Bch**

4. FEI Number **65-0795492**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANTIA, ANNETTE C**  
**17104 GULF PINE CIRCLE**  
**WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **SAME**

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

City **FL** Zip Code

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 **Annette C Montie**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-10-02**  
 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, 2002 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  
 NAME **P** ☐ Delete  
**MANTIA, ANNETTE C**  
 STREET ADDRESS  
**17104 GULF PINE CIRCLE**  
 CITY-ST-ZIP  
**WELLINGTON FL 33414**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE  
 NAME ☐ Change ☐ Addition  
 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)(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: **Annette C Montie**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02 561-790-7228**  
 Date Daytime Phone #

CR2E034 (9/01)