

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000447

1. Entity Name

AHEARN & CHASE INVESTMENT COMPANY

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90005 043 ***150.00

Principal Place of Business

Mailing Address

1255 PONCE ISLAND DR.
 ST. AUGUSTINE FL 32095

1255 PONCE ISLAND DR.
 ST. AUGUSTINE FL 32095-1601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

650 W. Pope Road

650 W. Pope Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #267

Unit #267

City & State

City & State

St. Augustine, Florida

St. Augustine, Florida

4. FEI Number

59-3548271

Applied For

Not Applicable

Zip

Country

32084

USA

Zip

Country

32084

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIRAGUSA, MICHAEL A
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

Name

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice-President/ Treasurer	Thomas Travers Ahearn	1255 Ponce Island Drive #775 St. Augustine, Florida 32095	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President/Secretary	Willard Linwood Chase	189 Inlet Drive St. Augustine, Florida 32084	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Travers Ahearn

2/4/00

Date

904-471-6281

Daytime Phone #

CR2E034 (9/99)