

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90478 032 ***150.00

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DOCUMENT # P99000094051

1. Entity Name
CHASE FINANCIAL SERVICES, INC.



Principal Place of Business
**13257 TANGERINE BLVD.
WEST PALM BEACH FL 33412**

Mailing Address
**13257 TANGERINE BLVD.
WEST PALM BEACH FL 33412**

11003369



2. Principal Place of Business
12335 76th ROAD NO.
Suite, Apt. #, etc.

3. Mailing Address
12335 76th ROAD NO.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BCH, FL
Zip
33412
Country
PAUM BEACH

City & State
WEST PALM BEACH, FL
Zip
33412
Country
PAUM BEACH

4. FEI Number **59-2747382**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CHASE, JEAN A
13257 TANGERINE BLVD.
WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12335 76th ROAD NORTH
City **WEST PALM BEACH, FL** Zip Code **33412**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHASE, JIM	
STREET ADDRESS	13257 TANGERINE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNOX, MARJORIE M	
STREET ADDRESS	504 RYDER CUP CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PD S	<input type="checkbox"/> Delete
NAME	CHASE, JEAN A	
STREET ADDRESS	13257 TANGERINE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAGLEY, MARTA	
STREET ADDRESS	5941 SE TANGERINE BLVD	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/O IS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12335 76th ROAD NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 561.791.8085

Date

Daytime Phone #

CR2E034 (10/02)