

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000515

1. Entity Name

CHELSEA BUILDING PRODUCTS, INC.

**FILED**  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90046 042 \*\*\*150.00

Principal Place of Business

Mailing Address

565 CEDAR WAY  
OAKMONT PA 15139

565 CEDAR WAY  
OAKMONT PA 15139-2049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2869908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	P	<input checked="" type="checkbox"/> Delete
NAME	KRIDLER, EDWARD	
STREET ADDRESS	565 CEDAR WAY	
CITY-ST-ZIP	OAKMONT PA 15139	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLET, PHILIPPE	
STREET ADDRESS	LVM NV/H HARTLAAN/INDUSTRIEPARK	
CITY-ST-ZIP	SCHOONHEES WEST, 3980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	COO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCRIPPER, JAY	
STREET ADDRESS	565 CEDAR WAY	
CITY-ST-ZIP	OAKMONT PA 15139	
TITLE	VP OF OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL BRESTELLI	
STREET ADDRESS	565 CEDAR WAY	
CITY-ST-ZIP	OAKMONT, PA 15139	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY WALKOWSKI	
STREET ADDRESS	565 CEDAR WAY	
CITY-ST-ZIP	OAKMONT, PA 15139	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

*Paul Brestelli* PAUL BRESTELLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

412-826-8077

Daytime Phone #