

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000515

1. Entity Name
CHELSEA BUILDING PRODUCTS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90106 030 ***150.00

Principal Place of Business

Mailing Address

565 CEDAR WAY
OAKMONT PA 15139

565 CEDAR WAY
OAKMONT PA 15139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2869908**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
SCRIPTER, JAY
565 CEDAR WAY
OAKMONT PA 15139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/PRESIDENT
HANS SPINKERMAN
565 CEDAR WAY
OAKMONT, PA 15139 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLET, PHILIPPE
LVM NV/H HARTLAAN/INDUSTRIEPARK
SCHOONHEES WEST, 3980 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPO
BRISTELLI, PAUL
565 CEDAR WAY
OAKMONT PA 15139 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WAZKOWSKI, RAY
565 CEDAR WAY
OAKMONT PA 15139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RAY WALKOWSKI ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Ray Walkowski* RAY WALKOWSKI 1/4/01

Date

(412) 826-8077 x271

Daytime Phone #

CR2E034 (10/00)