

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **PD6000021080**

1. Entity Name

Chef Selz INC



11 MAY 31 AM 11:05

SECRET
FALL APPLICABLE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

5029 Chandelle Dr

3. Mailing Address

116-H Elyston Square

CR2E034B (1/11)

City & State

Pensacola FL

City & State

Chesapeake

4. FEI Number

20-4395439

Applied For

Not Applicable

Zip

32507

Country

Zip

VA

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Barbara J. Jernov

5029 Chandelle Dr

Pensacola

FL

Zip Code 32507

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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

Barbara J. Jernov

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-instating)

5/9/11

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

E-mail Address:

barbara@chefselz.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME

**President
Andrew Selz**

STREET ADDRESS

116-H Elyston Square Chesapeake VA

CITY- ST- ZIP

TITLE

NAME

**Vice President/Secretary
Barbara Jernov**

STREET ADDRESS

116-H Elyston Square Chesapeake VA

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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400207258064
05/05/11--01004--006 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 FS.

SIGNATURE:

Barbara J. Jernov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/11 845-453-8220

DATE

Daytime Phone #