

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91774 031 ***150.00

DOCUMENT # P95000008382

1. Entity Name
CHESTERBROOK PARTNERS INC.



Principal Place of Business
32 SEABREEZE AVENUE
#A
DELRAY BEACH FL 33483
US

Mailing Address
P.O. BOX 7432
DELRAY BEACH FL 33482



2. Principal Place of Business
32 SEABREEZE AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C

City & State
DELRAY BEACH, FL

City & State

4. FEI Number **65-0553214**

Applied For

Not Applicable

Zip
33483

Country
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARONS, ALAN L.
1701 W. HILLSBORO BLVD
SUITE 303
DEERFIELD BEACH FL 33442-1502

Name

NED H. ELGART

Street Address (P.O. Box Number is Not Acceptable)

32 SEABREEZE AVE., # C

City

DELRAY BEACH,

FL

Zip Code

33483

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 *Ned H. Elgart* **NED H. ELGART**

4/15/03

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ELGART, NED H**
STREET ADDRESS **P.O. BOX 2402**
CITY-ST-ZIP **SOUTHEASTERN PA 19399**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 7432**
CITY-ST-ZIP **DELRAY BEACH, FL 33482**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Ned H. Elgart **NED H. ELGART, PRES.**

4/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)