

DOCUMENT # P96000077488

1. Entity/Name
CHELSEA ENTERPRISES, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 045 ***158.75

Principal Place of Business Mailing Address
7011 N PINE ISLAND 7011 N PINE ISLAND
TAMARAC FL 33321 TAMARAC FL 33321
US US



DO NOT WRITE IN THIS SPACE

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 65-0705598 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
ORETSKY, BEVERLY
7011 N PINE ISLAND RD
TAMARAC FL 33321

7. Name and Address of New Registered Agent
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 *Beverly Oretsky President* 1-5-01
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. ☐
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	
TITLE PD <input checked="" type="checkbox"/> Delete	
NAME ORETSKY, RICHARD	
STREET ADDRESS 1055 NW 121 LANE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE VP <input type="checkbox"/> Delete	
NAME ORETSKY, BEVERLY A	
STREET ADDRESS 1055 NW 121 LN	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE T <input type="checkbox"/> Delete	
NAME ORETSKY, JILL A	
STREET ADDRESS 1055 NW 121 LN	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD - SECRETARY PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Beverly ORETSKY	
STREET ADDRESS 1055 NW 121 LANE	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
TITLE VP TREASURER VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JILL ORETSKY	
STREET ADDRESS 1055 NW 121 LANE	
CITY-ST-ZIP CORAL SPRINGS FL 33071	
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: *Beverly Oretsky* 1-4-01 954-721-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

DOCUMENT # P96000077488

1. Entity Name

CHELSEA ENTERPRISES, INC.

Attachment
C0003306
D#P96000077488

Principal Place of Business

7011 N PINE ISLAND
TAMARAC FL 33321
US

Mailing Address

7011 N PINE ISLAND
TAMARAC FL 33321-2521
US

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

65-0705598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORETSKY, RICHARD
1055 NW 121 LANE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Beverly ORETSKY

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

7011 N. Pine Island Rd

City

TAMARAC

FL

Zip, Circle

33321

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

Beverly Oretsky President

1-7-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ORETSKY, RICHARD	
STREET ADDRESS	1055 NW 121 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORETSKY, BEVERLY A	
STREET ADDRESS	1055 NW 121 LN	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORETSKY, JILL A	
STREET ADDRESS	1055 NW 121 LN	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORETSKY, BEVERLY A	Please correct spelling
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORETSKY, JILL A	Please correct spelling
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 954-721-270