્રુપણાForm Business Report (UBR) _						,		N)
JOG(<u>)</u>	MENT#	P9700	0096060)				UO
. Entity Naຜູ	e Chelr	ns ford G	froup Inc.	• •		•		
	0					FILE	D	
rinainal Plan			Molling Address			00 SEP 26	M 9: 2	3
rincipal Place of Business Mailing Address 5840 NW 122nd Dr 5840 NW 122nd Dr								
		FL 33076	Coral 9	w 122nd Or iprings, FC 3	33074	SECRETARY O TALLAHASSEE	E STATE El ORIO	^
orar .	361 1192	, , , , , , , , , , , , , , , , , , , ,	•	·p(· · · ·35) ·			· LOMID	7
. Principal P	Place of Business		3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	· · · · · · · · · · · · · · · · · · ·		- City & State		4.	FEI Number	T A	oplied For
		i			6	65-0794254		ot Applicable
Zip	C	ountry	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and	Address of Current R	egistered Agent		7.	Name and Address of New Registered	Agent	
	Doug	FORDE		Name				
	1440 C	ORAL RIDG	E DRIVE	Street Add	ress (P.O. E	Box Number is Not Acceptable)		
	# 313							
	CORAL	SPRINGS, I	= 6 33071	City		FL	Zip Coc	le
i. The above		mits this statement for t		registered office or re		gent, or both, in the State of Florida.		
			**************************************	and the control of th				
Tax filing r	equirement and e	_	After MAY 1, 20	FEE IS \$150.00 Tee will be \$550	0.00)0 -May Be— d to Fees
,	ria on back)	OFFICERS AND D	Make Check Payab	le to Department o	的特殊 空氣場作業的	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
1. ITLE	PS		☐ Delete	TITLE		DDNIONO, OTTAGE OF TO OTTAGE NO STAGE	Change	☐ Addition
AME	MICHELL	E MICHAL 122nd DR	oω	NAME				
TREET ADORESS ITY-ST-ZIP		SPRIANS, FL	33076	STREET ADDRESS CITY-ST-ZIP				
ITLE	7		☐ Delete	TITLE		the part of the section of the secti	☐ Change	Addition
AME Treet address	1	FORDG U 122nd	Pr	NAME STREET ADDRESS				_
ITY-ST-ZIP	CORAL	SPRINGS ,		CITY-ST-ZIP		000003416; 	2.3U- 1024=	9 106
ITLE	Ĭ		☐ Delete	TITLE		****150.00	Elimet!	50 Deptition
ame Treet address				NAME STREET ADDRESS				
ITY-ST-ZIP				CITY-ST-ZIP				
ITLE			☐ Delete	TITLE NAME			☐ Change	Addition
ame Treet address				STREET ADDRESS				
ITY-ST-ZIP				CITY-ST-ZIP				
ITLE	,		☐ Delete	TITLE NAME			☐ Change	Addition
iame Treet address				STREET ADDRESS				
ITY-ST-ZIP	ļ			CITY-ST-ZIP		· · · · ·	☐ Change	Addition
ITI E	1		☐ Delete	TITLE			i i tallanue	i i Muulliuli

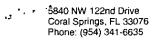
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE: Michelle Michelle J. Michelle J. Michelle J. Michelle U. Michelle J. Michelle J 9/21/00 954-341-6635-Date Daytime Phone #







September 11, 2000

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

I did not receive the form necessary to renew my corporation "Chelsmford Group, Inc." FEI Number 65-0794254.

I am enclosing my personal check number 0178 in the amount of \$150.00 for the renewal for the year 2000.

Sincerely,

Michelle J. Michalow

michelle & muchalow

President