

# UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P970000096060

1. Entity Name Chelmsford Group Inc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
5840 NW 122nd Dr 5840 NW 122nd Dr  
Coral Springs, FL 33076 Coral Springs, FL 33076

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 65-0794254  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Doug FORD  
1440 CORAL RIDGE DRIVE  
#313  
CORAL SPRINGS, FL 33071

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 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, 2000 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 PS ☐ Delete  
NAME MICHELLE MICHALOW  
STREET ADDRESS 5840 NW 122nd DR  
CITY-ST-ZIP CORAL SPRINGS, FL 33076  
TITLE T ☐ Delete  
NAME DOUG FORD  
STREET ADDRESS 5840 NW 122nd Dr  
CITY-ST-ZIP CORAL SPRINGS, FL 33076  
TITLE ☐ Delete  
NAME  
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NAME  
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
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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: Michelle J. Michalow Michelle J. Michalow 9/21/00 954-341-6635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**Chelmsford Group, Inc.**

5840 NW 122nd Drive  
Coral Springs, FL 33076  
Phone: (954) 341-6635

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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 "Chelmsford 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 J. Michalow  
President