

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90071 040 ***150.00

DOCUMENT # S97423

1. Entity Name
CHELSEA-PEMBROKE, INC.

Principal Place of Business
340 PEMBROKE LANE SOUTH
VENICE FL 34293
US

Mailing Address
P.O. BOX 8948
SARASOTA FL 34230
US

UUU28311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

743 SHAMROCK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
VENICE, FLORIDA

4. FEI Number **65-0297849**

Applied For
Not Applicable

Zip

Country

Zip

Country

34293

U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **ERIK V. KORZILIUS**

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

City **VENICE**

FL

Zip Code **34293**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, JOHN R 119 UNDERHILL DRIVE TORONTO, ONT, CANADA M3A3-2K1	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, RUTH 119 UNDERHILL DR TORONTO, ONTARIO, CANADA M3A-2K1	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. CASBY

Date

Feb 23/01

Daytime Phone #

941-408-8200

CR2E034 (10/00)