

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 020 ***150.00

DOCUMENT # S97423

1. Entity Name

CHELSEA-PEMBROKE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

340 Pembroke Lane South

Suite, Apt. #, etc.

3. Mailing Address

2100 Tamiami Trail S

Suite, Apt. #, etc.

C

DO NOT WRITE IN THIS SPACE

City & State
Venice, Florida

City & State
Venice, Florida

4. FEI Number
65-0297849

Applied For

Not Applicable

Zip
34293

Country
US

Zip
34293

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **Erik V. Korzilius**

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

2100 Tamiami Trail S, Suite C

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Erik V. Korzilius

3/17/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - John R. Casey
119 Underhill Drive
Toronto, Ontario, Canada M3A32K1

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D - Ruth Casey
119 Underhill Drive
Toronto, Ontario, Canada M3A2K1

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN R. CASEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

(416) 441-1279

CR2E034B (12/02)