

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90013 043 ***150.00

DOCUMENT # P00000065282

1. Entity Name
CHEF IN SHORTS CATERING, INC.

Principal Place of Business

Mailing Address

**170 CITRUS TREE LANE
LONGWOOD FL 32750**

**170 CITRUS TREE LANE
LONGWOOD FL 32750**

0000000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**104 WEST GREENTREE LN
Suite, Apt. #, etc.**

**104 WEST GREENTREE LN
Suite, Apt. #, etc.**

City & State

City & State

LAKE MARY, FL

LAKE MARY, FL

Zip

Country

Zip

Country

32746

USA

32746

USA

4. FEI Number

Applied For

59-3657619

Not Applicable

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

**RONES, MARK
170 CITRUS TREE LANE
LONGWOOD FL 32750**

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

Mark E Rones

1/18/01

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.
(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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**PRESIDENT
MARK RONES
104 W. Greentree Ln.
LAKE MARY, FL 32746**

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:

Mark E Rones

MARK E RONES

Date

Daytime Phone #

1/18/01

407-333-0184

CR2E034 (10/00)