

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033469

1. Entity Name  
MISS CHIEF, INC.

R

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90011 018 \*\*\*150.00

Principal Place of Business  
24654 CANARY ISLAND CT  
101  
BONITA SPRINGS FL 34134  
US

Mailing Address  
24654 CANARY ISLAND CT  
101  
BONITA SPRINGS FL 34134  
US

2. Principal Place of Business

25071 Ballycastle Ct

Suite, Apt. #, etc.

103

City & State  
Bonita Springs, FL

Zip  
34134

Country  
US

3. Mailing Address

25071 Ballycastle Ct

Suite, Apt. #, etc.

103

City & State  
Bonita Springs FL

Zip  
34134

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0489265

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, KATHLEEN J  
24654 CANARY ISLAND CT  
101  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Edwards, Kathleen J  
Street Address (P.O. Box Number is acceptable) 25071 Ballycastle Ct  
#103  
City Bonita Springs, FL Zip Code 34134

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	EDWARDS, KATHLEEN J	
STREET ADDRESS	24654 CANARY ISLAND CT #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Kathleen	
STREET ADDRESS	25071 Ballycastle Ct #103	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Kathleen Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
Brigid D. Soldavini CPA, P.A.

P94000033469  
AD571476

5455 Jaeger Road  
Naples, FL 34109

OFFICE • 941-591-4747 • FAX 941-591-2991

July 31, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Miss Chef, Inc.  
Document #P94000033469

Dear Division of Corporations:

Enclosed is Miss Chef, Inc.'s 2000 Uniform Business Report. This is Miss Chef's first year in business. They did not receive the first copy of this business report. Therefore they did not realize that this document needed to be filed. When they received the second notice, it was already past the filing date.

Therefore, we respectfully request that you waive the \$400 late filing fee. Enclosed is a check for \$150 and a Miss Chef's completed business report. If you have any questions, please do not hesitate to call me at (941) 591-4747. Thank you for your help.

Sincerely,

*Cappy Turner*

Cappy Turner  
BRIGID D. SOLDAVINI CPA, P.A.

Enclosures