

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054600

1. Entity Name

CHICKADEE'S, INC.

Principal Place of Business

2004 CASCADES DRIVE #7  
NAPLES FL 34112

Mailing Address

P. O. BOX 1709  
NAPLES FL 21784-0901  
US

2. Principal Place of Business

156 Rehoboth Ave.

3. Mailing Address

P.O. Box 958

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rehoboth Beach, DE

City & State

REhoboth Beach, DE

4. FEI Number

65-0760347

Applied For

Not Applicable

Zip

19971

Country

Sussex

Zip

19971

Country

Sussex

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

SEYMOUR, CAMILLA L  
2004 CASCADES DRIVE #7  
NAPLES FL 34112

Name

Laura Hernandez

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

3 Circle Drive

City

Fort Myers,

FL

Zip Code

33908

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

*Camilla Seymour*

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SEYMOUR, CAMILLA L  
CITY-ST-ZIP 2004 CASCADES DRIVE #7  
NAPLES FL 34112

TITLE ☒ Change ☐ Addition  
NAME P.  
STREET ADDRESS Seymour, Camilla L.  
CITY-ST-ZIP #5 Sea Bright Way  
Rehoboth Beach, DE. 19971

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S.  
STREET ADDRESS Hernandez, Laura L.  
CITY-ST-ZIP 3 Circle Drive  
Fort Myers, FL 33908

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Camilla Seymour*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
Date

302-226-9556  
Daytime Phone #

CR2E034 (9/99)