

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90108 027 ****61.25

DOCUMENT # N31516

1. Entity Name

CHERA, INC.

Principal Place of Business

Mailing Address

**C/O JACK O. JOHNSON
 1001 CARPENTERS WAY, APARTMENT K-108
 LAKELAND FL 33809**

**C/O JACK O. JOHNSON
 1001 CARPENTERS WAY, APARTMENT K-108
 LAKELAND FL 33809**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2961522**

Applied For

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

**JOHNSON, JACK O
 1001 CARPENTERS WAY
 #K 108
 LAKELAND FL 33809**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**
 NAME **KELLOGG, NEWELL**
 STREET ADDRESS **1001 CARPENTER'S WAY APT B-409**
 CITY-ST-ZIP **LAKELAND FL 33809**

☒ Delete

TITLE **TD**
 NAME **BARNETT, ED**
 STREET ADDRESS **1001 CARPENTER'S WAY APT F-415**
 CITY-ST-ZIP **LAKELAND FL 33809**

☒ Delete

TITLE **ATOR**
 NAME **SCHWARTZ, ESLEY**
 STREET ADDRESS **1001 CARPENTER'S WAY APT C-118**
 CITY-ST-ZIP **LAKELAND FL 33809**

☒ Delete

TITLE **VD**
 NAME **PETRY, ANNA C**
 STREET ADDRESS **1001 CARPENTERS WAY K-402**
 CITY-ST-ZIP **LAKELAND FL 33809**

☒ Delete

TITLE **ASDR**
 NAME **EISMANN, STELLA**
 STREET ADDRESS **1001 CARPENTER'S WAY APT K-103**
 CITY-ST-ZIP **LAKELAND FL 33809**

☐ Delete

TITLE **SDR**
 NAME **WOLFE, SHIRLEY**
 STREET ADDRESS **1001 CARPENTERS WAY H-109**
 CITY-ST-ZIP **LAKELAND FL 33809**

☐ Delete

TITLE **DIRECTOR**
 NAME **RICHARD F. CARLISLE**
 STREET ADDRESS **1001 CARPENTERS WAY - APT F-420**
 CITY-ST-ZIP **LAKELAND, FL. 33809**

☒ Change ☐ Addition

TITLE **Director**
 NAME **CHARLES PAULK**
 STREET ADDRESS **1001 CARPENTERS WAY - APT C-114**
 CITY-ST-ZIP **LAKELAND, FL. 33809**

☒ Change ☐ Addition

TITLE **Director**
 NAME **JOHN OLSON**
 STREET ADDRESS **1001 CARPENTERS WAY - APT B-203**
 CITY-ST-ZIP **LAKELAND, FL. 33809**

☒ Change ☐ Addition

TITLE **Director**
 NAME **ELSIE GERBER**
 STREET ADDRESS **1001 CARPENTERS WAY - APT 417/419**
 CITY-ST-ZIP **LAKELAND, FL. 33809**

☒ Change ☐ Addition

TITLE **Director**
 NAME **SHIRLEY WOLFE**
 STREET ADDRESS **1001 CARPENTERS WAY - APT H-109**
 CITY-ST-ZIP **LAKELAND, FL. 33809**

☒ Change ☐ Addition

TITLE **Director**
 NAME **STELLA EISMANN**
 STREET ADDRESS **1001 CARPENTERS WAY - APT K-103**
 CITY-ST-ZIP **LAKELAND, FL 33809**

☒ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD F. CARLISLE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 2002 (863) 858-7828
 Date Daytime Phone #

CR2E037 (9/01)