FILED
Jun 12, 2003 8:00 am
Secretary of State
05-01-2003 90280 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # 55047744

1. Entity Name
CHEROKEE SKY, INC
P02000133404

DO NOT WRITE IN THIS SPACE

2. Mailing Address
2270 NE 68 St
Suite, Apt. #, etc.
1928
Ft. Lauderdale FL
33308-1268 Country U.S.A.

3. Street Address
P.O. Box 997
Suite, Apt. #, etc.
DO NOT WRITE IN THIS SPACE
City & State
Tellico Plains TN
Zip 37385-0997 Country U.S.A.

4. FEI Number
01-0761381
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Rebecca J. Del Medico Esq.
Street Address (P.O. Box number is Not Acceptable)
6281 Floridian Circle
City: Lake Worth FL Zip Code: 33463

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: Rebecca J Del Medico DATE
(Signature, typed or printed name of registered agent and if applicable the office held. NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS	
TITLE	CEO-P
NAME	GARY E. HUNT
STREET ADDRESS	2270 NE 68 ST
CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	SECRETARY
NAME	MONA McDADE
STREET ADDRESS	2851 SOMERSET DR, 103
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E016 (1/2/02)

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: GARY E. HUNT Gary E Hunt 042803 423-753-6973
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #