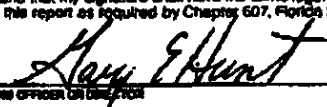


FILED
Jun 12, 2003 8:00 am
Secretary of State

05-01-2003 90280 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # 1. Entity Name CHEROKEE SKY, INC P02000133404			
DO NOT WRITE IN THIS SPACE			
2270 NE 68 ST Sub. Ad. R. No. 1928		P.O. Box 997 Sub. Ad. R. No.	
FT. LAUDERDALE FL City & State		Tellico Plains TN City & State	
33308-1268 Country U-S-A		37385-0997 Country U-S-A	
DO NOT WRITE IN THIS SPACE		4. FEI Number 01-0761381 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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:  Signature. Register printed name of registered agent into 8. (NOTE: Registered Agent signature required when registering.) DATE: _____			
DO NOT WRITE IN THIS SPACE		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO-P GARY E. HUNT 2270 NE 68 ST FT. LAUDERDALE FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MONA MCDADE 2851 SOMERSET DR, 103 LAUDERDALE LAKES FL 33311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 filers empowered.			
SIGNATURE: GARY E. HUNT  042803 423-253-6973 Signature and typed or printed name of signing officer on date of filing. Date: _____ Duplicate Phone: _____			

CREATED 12/02