## **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000014647 1. Entity Name KACHER CONSTRUCTION, INC. Principal Place of Business Mailing Address 6611 INDUSTRIAL DRIVE 6611 INDUSTRIAL DRIVE PORT RICHEY FL 34668 --- PORT-RICHEY FL-34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

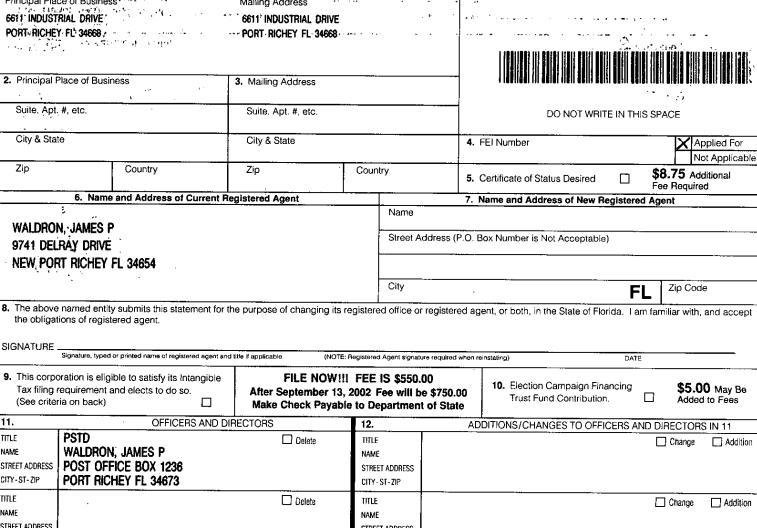
6. Name and Address of Current Registered Agent

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

City & State

## **FILED** Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90092 028 \*\*\*550.00



Tax filing requirement and elects to do so. (See criteria on back)  After Septem Make Check		After September 13, 2	FEE IS \$550.00 2002 Fee will be \$750.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS		12. A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALDRON, JAMES P POST OFFICE BOX 1236 PORT RICHEY FL 34673	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Country

Name

City

13. I hereby certify that the information supplied with this filling 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.

HEM BORE LECHELL

City & State

WALDRON, JAMES P

9741 DELRAY DRIVE

**NEW PORT RICHEY FL 34654** 

the obligations of registered agent.

Zip