2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secrétary of State P01000019853 **DOCUMENT#** 1. Entity Name 05-28-2002 90709 021 ***150.00 CHERRY'S RESTAURANTS, INC. Mailing Address Principal Place of Business 1423 COMPTON ST. 1423 COMPTON ST. **BRANDON FL 33511 BRANDON FL 33511** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHLARBAUM, DAVID ____ Street Address (P.O. Box Number is Not Acceptable) 1423 COMPTON ST. **BRANDON FL 33511** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME SCHLARBAUM, DAVID NAME 1423 COMPTON ST. STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP `□ Change _____Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition Change Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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:

Daytime Phone #

FILED

	BTAURANTS, INC.	0019853		HTTacr	ment		
ncipel Place of Bu 23 COMPTON ST. ANDON FL 33511	siness	Mailing Address 1423 COMPTON ST. BRANDON FL 33511					
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apl. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59 -37 04 00 7	Applied For		S
Zlp	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional se Required		
<u> </u>	Neme and Address of Current	Registered Agent	Name	7. Name and Address of New Registered A	Jeur		37
SCHLARBAUM,	DAVID			(P.O. Box Number is Not Acceptable)			14
1423 COMPTON			ļ 	:			
BRANDON FL. 3	3011	 	City	FL	Zip Code		
The shows rame	d entiry automits this statement fo	the purpose of changing it	a registered office or regist	ered agent, or both, in the State of Florids.		1	
6.5	 , -	•		•			1
GNATURE	n, typed or printed remain of registered again.	and the if applicable (940	TE: Registered Agers tigheture requi	ad when refreshing) CATE	· · · · · · · · · · · · · · · · · · ·		
. This corporation	Is eligible to satisfy its Intangible ment and elects to do so.	FILE NOW	/ FEE S \$150.00 	18. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		Tun-
(See criteria on I			ble to Department of S	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	1	
i. ii D	OFFICERS AND	DIRECTORS Delete	BILLE		☐ Change ☐ Addition	(10/6)	
ME SCH	LARBAUM, DAVID		HAME STREET ADDRESS	•			12 6
	COMPTON ST. NDON FL 33511		CITY-ST-ZIP			CRZE034	
TLE		☐ D _{ed} eta	TITLE NAME		☐ Change ☐ Addition	°	
INCET ADDRESS			STREET ADDRESS	•			
TY-ST-ZIP	- <u> </u>		CITY-SI- ZIP		(Crange		
lie-		Ociete .	- MANG		المستحدين الموسوس الم		3 3
TREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
TY-\$1-24P		☐ Defete	TITLE		Change Addition	1 1	
TLE .		iii ocaf	NAME ***	•			意
TREET ADORESS			STREET ADDRESS CITY-ST-ZIF				基
ITY-ST-ZIP		☐ Deinte	TITUE		Change Addition		
AME .			NAME STREET ADDRESS			S	(新菜) (花葉)
TREET ACCINESS	_ <u></u>	<u></u>			<u></u>		
n.e		☐ Deleta	TITLE		Change Addition	5	钱
AME			STREET ADDRESS	•			
TREET ADORESS			Lamera II	The second secon	that the information	-	
3. I hereby certify indicated on the of the corporate channel or or	that the information supplied with is report or supplemental report, on or the receiver or trustee emp an ettechment with an address.	n this filling does not qualify s true and accurate and the twered to exacuse this repo with all other like empowers	tor the exemption stated in it my signature shall have th ort as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further cert te same legal effect as if made under cath, that I a 107, Florida Statutes; and that my name appears in	m an officer or director Block 11 or Block 12 if		
•	- 40 2/20 12 1 C 52 H	IBE BEOM		6-50-06 8	ノヌーレ クマニタのん		
SIGNATUR	E. CONTROL MID TYPEDON	PRINTED NAME OF SIGNAIC OFFICE	A OR DIRECTOR	Out9 Da	plants (Trans #		107

5/28/2002-90709-021-\$150.00-\$150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 20, 2002

CHERRY"S RESTAURANTS, INC. 1423 COMPTON ST. BRANDON, FL 33511

Subject: CHERRY"S RESTAURANTS, INC.

Reference Number:

P01000019853

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488=9000.

/JN ANNUAL REPORTS SECTION