

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90044 035 ***150.00

DOCUMENT # P01000029245

1. Entity Name

A1 CHERRY PICKERS, INC.

Principal Place of Business

**3490 EAST LAKE ROAD STE B
 PALM HARBOR FL 34685**

Mailing Address

**3490 EAST LAKE ROAD STE B
 PALM HARBOR FL 34685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

52-2312904

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ROTHMAN, MARK A
 8814 ROCKY CREEK DRIVE
 TAMPA FL 33815**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE;
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PRESIDENT
 DARROUGH DIAMOND
 2878 GLEN HOLLOW DR.
 CLEARWATER, FL. 33761**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VICE PRESIDENT
 GARY WEBER
 1012 BROADWAY
 DUNEDIN, FL. 34698**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SECRETARY
 DIANE MONTE MARANO
 4119 MAINTARD DR.
 SAFETY HARBOR, FL. 34698**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**TREASURER
 KATHLEEN E. LETTAU
 133 GARDEN AUG, NORTH
 CLEARWATER, FL. 33755**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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:

KATHLEEN E. LETTAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-02

Date

727-445-9307

Daytime Phone #

CR2E034 (9/01)