

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90186 039 ***150.00

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AV

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**

10050962



2. Principal Place of Business
**611 DRUID RD EAST
SUITE 403
CLEARWATER, FL**

3. Mailing Address
**611 DRUID RD, EAST
SUITE 403
CLEARWATER, FL**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2312904**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTHMAN, MARK A
8814 ROCKY CREEK DRIVE
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DIAMOND, DAROUGH**
CITY-ST-ZIP **2878 GLEN HOLLOW DR.
CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **WEBER, GARY**
CITY-ST-ZIP **1012 BROADWAY
DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MARANO, DIANE M.**
CITY-ST-ZIP **4119 MALLARD DR.
DUNEDIN FL 34698**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LETTAU, KATHLEEN E**
CITY-ST-ZIP **133 GARDEN AUG NORTH
CLEARWATER FL 33755**

TITLE ☒ Change ☐ Addition
NAME **LETTAU, KATHLEEN E**
STREET ADDRESS **611 DRUID RD EAST-STE 403**
CITY-ST-ZIP **CLEARWATER, FL-33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-28-03** Daytime Phone # **727-445-9707**

CR2E034 (10/02)