

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0107796 AV

DOCUMENT # P01000054431

1. Entity Name

CHERRIES, PITS & STEMS, INC.

04-08-2002 90211 018 ***150.00

Principal Place of Business

**2813 OSPREY CREEK LANE
 ORLANDO FL 32825
 US**

Mailing Address

**2813 OSPREY CREEK LANE
 ORLANDO FL 32825
 US**



2. Principal Place of Business

167 Savannah Park Loop
 Suite, Apt. #, etc.

3. Mailing Address

167 Savannah Park Loop
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Casselberry FL

City & State

Casselberry FL

4. Fee Number

59-3733983

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHERRY, SHAWN M
 2813 OSPREY CREEK LANE
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name **Shawn M. Cherry**
 Street Address (P.O. Box Number is Not Acceptable) **167 Savannah Park Loop**
 City **Casselberry** FL Zip Code **32707**

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

Shawn M. Cherry

3/21/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CHERRY, SHAWN M 2813 OSPREY CREEK LANE ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHERRY, BOB R 2813 OSPREY CREEK LN ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Shawn M. Cherry 167 Savannah Park Loop Casselberry FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bob R. Cherry 167 Savannah Park Loop Casselberry FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shawn M. Cherry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 407-260-2250

Date

Daytime Phone #

CR2E034 (9/01)