

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 041 ***550.00

DOCUMENT # P01000056904

1. Entity Name

CHEROKEE MATERIALS, INC.

Principal Place of Business

**779 HWY. 20
HOLLISTER FL 32147**

Mailing Address

**P.O. BOX 120
HOLLISTER FL 32147**

2. Principal Place of Business

229 Lake Ida Point Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Interlachen, FL 32148

City & State

4. FEI Number

59-37274 16

Applied For

Not Applicable

Zip

32148

Country

Putnam

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAVID A
100 EAST MAIN ST.
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **Paul Shipp**

Street Address (P.O. Box Number is Not Acceptable)
229 Lake Ida Point Drive

City **Interlachen,**

FL

Zip Code **32148**

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

Paul Shipp

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02
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 **D** ☐ Delete
NAME **SHIPP, PAUL H**
STREET ADDRESS **779 HWY. 20**
CITY-ST-ZIP **HOLLISTER FL 32147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **229 Lake Ida Point Drive**
CITY-ST-ZIP **Interlachen, FL 32148**

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

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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:

Paul Shipp **PAUL SHIPP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/02

Daytime Phone #

386-684-3118

CR2E034 (9/01)