

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91742 036 ***150.00

DOCUMENT # P01000122497

1. Entity Name
WEST CHERRY HOLDINGS, INC.

Principal Place of Business
 10710 DESOTO RD
 RIVERVIEW FL 33569-4405

Mailing Address
 10710 DESOTO RD
 RIVERVIEW FL 33569-4405

2. Principal Place of Business

3. Mailing Address

11705 BUTETTE RD STE 142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL

4. FEI Number

59-3761333

Applied For

Not Applicable

Zip

Country

Zip

Country

33569

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

DILLON, CHRISTOPHER M
 10710 DESOTO RD
 RIVERVIEW FL 33569-4405

Name

DILLON CHRISTOPHER M.

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

11705 BUTETTE RD STE 142

City

RIVERVIEW

FL

Zip Code

33569

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.

"WITHOUT PREJUDICE UCC 1-207"

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DILLON, CHRISTOPHER M**
STREET ADDRESS **10710 DESOTO RD**
CITY-ST-ZIP **RIVERVIEW FL 33569-4405**

TITLE **D/P** ☒ Change ☐ Addition
NAME **DILLON, CHRISTOPHER M.**
STREET ADDRESS **11705 BUTETTE RD STE 142**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **"WITHOUT PREJUDICE UCC 1-207"**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)