

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 012 ***150.00

0628382 AT

DOCUMENT # P02000042339

1. Entity Name
CHERRY LAKE FEED AND HARDWARE STORE, INC.



Principal Place of Business
ROUTE 3, BOX 1355
MADISON FL 32340

Mailing Address
ROUTE 3, BOX 1355
MADISON FL 32340



2. Principal Place of Business

Cherry Lake Feed & Hardware Store Rt 3 Box 1355

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Route 3 Box 1355

Madison FL

32340

Madison

Madison, FL

32340

Madison

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0423738

Applied For

Not Applicable

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

ARANDA, ROBERT K
ROUTE 3, BOX 1072
MADISON FL 32340

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

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

(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 **P** ☐ Delete
NAME **FREEMAN, ROBERT F**
STREET ADDRESS **ROUTE 3, BOX 1070**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **VT** ☐ Delete
NAME **FREEMAN, LESSIA K**
STREET ADDRESS **ROUTE 3, BOX 1070**
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☐ Change ☐ Addition
NAME **Robert F. Freeman**
STREET ADDRESS **Rt 3 Box 1070**
CITY-ST-ZIP **Madison, FL 32340**

TITLE **Vice-President & Treasurer** ☐ Change ☐ Addition
NAME **Lessia K. Freeman**
STREET ADDRESS **Rt 3 Box 1070**
CITY-ST-ZIP **Madison, FL 32340**

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

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

TITLE ☐ Change ☐ Addition
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: *Robert F. Freeman* **SIGNATURE REQUIRED TO** *Robert F. Freeman* *04-21-03* *850-929-6980*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)