FILED

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90298 042 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000058219

1. Entity Name

City & State

Zip

CHEROKEE ELECTRIC, INC.

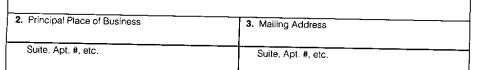


Principal Place of Business 7006 GREEN HORN PATH ST. CLOUD FL 34771

Mailing Address

7006 GREEN HORN PATH

ST. CLOUD FL 34771





☑ CHECK HERE IF MAKING CHANGES

City & State 4. FEI Number <u>04-369108</u>1 Zip Country

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

Not Applicable \$8.75 Additional

Applied For

6. Name and Address of Current Registered Agent

A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LANE

Country

QUINCY FL 32361

Name

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

7006 Green Horn Path

Saint Cloud

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 the obligations of registered agent.

Brian D. Nichols

(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 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NICHOLS, BRIAN NAME STREET ADDRESS 7006 GREEN HORN PATH STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34771 CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change ☐ Addition NAME MCMICHEN, LORRAINE NAME STREET ADDRESS 4225 SASHA TRAIL STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34772 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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