

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P12436

FILED  
Jan 06, 2003  
Secretary of State

Entity Name: CHERRY INSURANCE SERVICES, INC.

## Current Principal Place of Business:

914 W. MAIN  
P.O. BOX 3038  
CARBONDALE, IL 62902

## New Principal Place of Business:

## Current Mailing Address:

914 W. MAIN  
P.O. BOX 3038  
CARBONDALE, IL 62902 US

## New Mailing Address:

FEI Number: 37-0793321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GORMAN, DAVID L.  
BAY POINTE BUILDING  
618 U.S. HIGHWAY 1  
NORTH PALM BEACH, FL 33408 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROWN, MARY LOU,  
Address: 33 PINEWOOD  
City-St-Zip: CARBONDALE, IL

Title: D ( ) Delete  
Name: BROWN, PETER B  
Address: 33 PINEWOOD DRIVE  
City-St-Zip: CARBONDALE, IL 62901

Title: CS ( ) Delete  
Name: FRANKLIN, JANE  
Address: 26615 ILLINOIS AVENUE  
City-St-Zip: CARBONDALE, IL 62901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROWN, MARY LOU,  
Address: 33 PINEWOOD  
City-St-Zip: CARBONDALE, IL 62901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU BROWN

PD

01/06/2003

Electronic Signature of Signing Officer or Director

Date