## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 06, 2002 8:00 am Secretary of State DOCUMENT # P93000064537 1. Entity Name R & L CHERRY TRUCKING, INC. 05-06-2002 90171 013 \*\*\*150.00 Principal Place of Business Mailing Address 125 ELENA DRIVE P O BOX 1006 WOODVILLE FL 32362 WOODVILLE FL 32362 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3206068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHERRY, LUCY A Street Address (P.O. Box Number is Not Acceptable) 125 ELENA DR TALLAHASSEE FL FL Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete CHERRY, RICHMOND D NAME NAME STREET ADDRESS 125 ELENA DRIVE STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE CHERRY, LUCY A NAME NAME STREET ADDRESS STREET ADDRESS 125 ELENA DRIVE TALLAHASSEE FL 32310 CITY-ST-7IP 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 3.6年 324 年6.5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 化铁铁 医二十二 NAME STREET ADDRESS STREET ADDRESS 14. 14. May 11. 1 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP