FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034713

1. Entity Name
CHERRYWOOD ESTATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5835 S.W. 100th Lane	5835 S.W. 100th Lane
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34476 Country: US	Zip: 34476 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0634927 — Applied for / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Mario Zacco
Street Address (P.O. Box Number is Not Acceptable): 2011 SW 70th Ave., A-12
City: Davie FL 33317

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 ______ Date ______

700024101277
10/27/03--01014--010 **70.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Title	Name / Street Address / City-St-Zip
President	Zacco, Mario T. / 2011 SW 70th Ave. A-12 / Davie, FL 33317
V	Zacco, John J. / 5835 SW 100th Lane / Ocala, FL 34476
ST	Zacco, John J. / 5835 SW 100th Lane / Ocala, FL 34476

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

10/29