

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

02-07-2003 90134 001 \*\*\*150.00

02-07-2003 90134 002 \*\*\*150.00

03 FEB 17 PM 12:17 P95000010283

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000010283

1. Entity Name

Sherry Properties, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6 Vista Palm Lane, Apt. 106

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 206

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

Zip  
32962

Country

USA

City & State

Maysville, GA

Zip

30558-0206

Country

USA

4. FEI Number

65-0568404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Katherine Sherry

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

6 Vista Palm Lane, Apt. 106

City

Vero Beach

FL

Zip Code

32962

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE  
NAME  
Katherine A. Sherry  
STREET ADDRESS  
6 Vista Palm Lane, Apt 106  
CITY- ST- ZIP  
Vero Beach, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
Vice President  
Nancy J. Sherry  
STREET ADDRESS  
7319 Prairie Lake Drive  
CITY- ST- ZIP  
Indianapolis, IN 46256

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
Treasure/Secretary  
William W. Sherry  
STREET ADDRESS  
P.O. Box 206  
CITY- ST- ZIP  
Maysville, GA 30558-0206

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

**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:

Nancy J. Sherry

NANCY J. SHERRY

2/3/03 (317) 577-4384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)