

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90075 007 ***150.00

DOCUMENT # P95000085251

1. Entity Name

JERRY CHERRY MARKETING, INC.

Principal Place of Business

**505 N MIRAMAR STREET #408
 INDIALANTIC FL 32903**

Mailing Address

**505 N MIRAMAR STREET #408
 INDIALANTIC FL 32903-3162**

2. Principal Place of Business

899 Shaw Circle

Suite, Apt. #, etc.

3. Mailing Address

899 Shaw Circle

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, Florida

City & State

Melbourne, Florida

4. FEI Number

59-3342723

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHERRY, GERALD L
 505 N MIRAMAR STREET #408
 INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

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

899 Shaw Circle

City

Melbourne,

FL

Zip Code

32940

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)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHERRY, GERLAD L	
STREET ADDRESS	505 N MIRAMAR STREET #408	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHERRY, URSULA	
STREET ADDRESS	505 N MIRAMAR ST #408	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	899 Shaw Circle	
CITY-ST-ZIP	Melbourne, Florida 32940	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	899 Shaw Circle	
CITY-ST-ZIP	Melbourne, Florida 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE REQUIRED
Jerry Cherry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00
 Date

321-757-9706
 Daytime Phone #