

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90112 016 \*\*\*158.75

**DOCUMENT # P96000097192**

1. Entity Name  
**CHERRY ORCHARD, INC.**

Principal Place of Business

205 S ATLANTIC DR  
 LANTANA FL 33462  
 US

Mailing Address

PO BOX 3604  
 LANTANA FL 33465  
 US

2. Principal Place of Business

**1122 North B St.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

City & State

Zip

**33460** Country **Palm Bch**

4. FEI Number

**65-0713773**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRIKSEN, DEBORAH L ESQ.**  
**1122 N B ST**  
**LAKE WORTH FL 33460**

Name

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

City

**FL**

Zip Code

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DPST**  
 STREET ADDRESS **KRATOCHVIL, PETER**  
 CITY-ST-ZIP **121 EAST OCEAN AVENUE**  
**LANTANA FL 33462**

TITLE ☒ Change ☐ Addition  
 NAME **DPST**  
 STREET ADDRESS **KRATOCHVIL, PETER**  
 CITY-ST-ZIP **1122 North B St.**  
**LAKE WORTH, FL 33460**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HENRIKSEN, DEBORAH L**  
 CITY-ST-ZIP **1122 NORTH B STREET**  
**LAKE WORTH FL 33460**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DPS**  
 STREET ADDRESS **KRATOCHVIL, PETER**  
 CITY-ST-ZIP **205 S ATLANTIC DR**  
**LANTANA FL 33462**

TITLE ☒ Change ☐ Addition  
 NAME **DPS**  
 STREET ADDRESS **KRATOCHVIL, Peter**  
 CITY-ST-ZIP **1122 N B St**  
**LAKE WORTH, FL 33460**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Deborah L. Henriksen, Treasurer* 1/14/01-762-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)