

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V62977**

1. Entity Name  
**CHEROKEE FABRICATION, INC.**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90003 034 \*\*\*150.00

Principal Place of Business Mailing Address  
**3621 N.E. 36 AVE.** **3621 N.E. 36 AVE.**  
**OCALA FL 34479** **OCALA FL 34479**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3140821** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAGER, JAMES R.**  
**3621 N.E. 36TH AVE.**  
**OCALA FL 34475**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT IF: Registered Agent signature required when reinstating)

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	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAGER, JAMES R.</b>		NAME		
STREET ADDRESS	<b>1229 SE 11TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL</b>		CITY-ST-ZIP		
TITLE	<b>VP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AYLESWORTH, JAMES</b>		NAME		
STREET ADDRESS	<b>4514 SE 13TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MAGER, JAMES R</b>		NAME		
STREET ADDRESS	<b>1229 SE 11TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL 34471</b>		CITY-ST-ZIP		
TITLE	<b>VP</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AYLESWORTH, JAMES L</b>		NAME		
STREET ADDRESS	<b>4514 SE 13TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCALA FL 34471</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

(352)

867-1009

Daytime Phone #

CR2E034 (10/00)