

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63701

1. Entity Name

ICHOR, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90109 035 ***150.00

Principal Place of Business

Mailing Address

19235 US HWY 41 N. #200
LUTZ FL 33549
US

19235 US HWY 41 N #200
LUTZ FL 33549-7205
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3167866**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IACHINI, CHERYL K.
712 DRUID HILLS RD.
TEMPLE TERRACE FL 33617

Name

Cheryl K. Iachini

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

908 W. River Dr.

City

Temple Terrace

FL

Zip Code

33617

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

Cheryl K. Iachini *Cheryl K Iachini President* *4/12/00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME IACHINI, CHERYL K.
STREET ADDRESS 712 DRUID HILLS RD.
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE **D** ☒ Change ☐ Addition
NAME Iachini Cheryl K
STREET ADDRESS 908 W. River Drive
CITY-ST-ZIP Temple Terrace FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Cheryl K. Iachini *Cheryl K Iachini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/00

Daytime Phone #

813 589 9989

CR2E034 (9/99)