DOCUMENT # 408368

1. Entity Name

SHEPPARD ELECTRIC COMPANY

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90004 019 ***158.75

Principal Place of Business	Mailing Address
9025 BOBBY CREEK RD. SUITE 14 ORLANDO FL 32824	9025 BOBBY CREEK RD. SUITE 14 ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9025 Boggy Creek Rd.	9025 Boggy Creek Rd.
Suite, Apt. #, etc. Suite 14	Suite, Apt. #, etc. Suite 14
City & State Orlando, FL	City & State Orlando, FL
Zip / Country 32824 / USA	Zip / Country 32824 / USA

4. FEI Number 59-1443931 ☐ 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
SHEPPARD, DAVID B 508 GOLFPARK DR CELEBRATION FL 34747	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEPPARD, DAVID 508 GOLFPARK DR CELEBRATION FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHEPPARD, SUSAN 508 GOLFPARK DR CELEBRATION FL 34747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Susan Sheppard Susan E. Sheppard 01-04-01 407/857-4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #