

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90379 019 ***150.00

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DOCUMENT # F00000005349

1. Entity Name
SHEPHERD MANAGEMENT INCORPORATED



Principal Place of Business
**3800 PIA PESCADOR
CAMARILLO CA 93011**

Mailing Address
**P.O. BOX 1305
CAMARILLO CA 93011**

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 **65-0013805**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BOYLE, CONRAD J ESQ.
500 EAST BREVARD BOULEVARD, SUITE 2950
FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	SHEPHERD, DENNIS L	
STREET ADDRESS	3800 PIA PESCADOR	
CITY-ST-ZIP	CAMARILLO CA 93011	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPHERD, LARRY D	
STREET ADDRESS	3800 PIA PESCADOR	
CITY-ST-ZIP	CAMARILLO CA 93011	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/7/03** Daytime Phone # **805-389-1141**

CR2E034 (10/02)