

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

4/2.

04-21-2003 90509 014 ****61.25

DOCUMENT # N02000000109



1. Entity Name
SHERWOOD VI, INC.

Principal Place of Business
**5692 STRAND CT., STE. 3
NAPLES FL 33110**

Mailing Address
**5692 STRAND CT., STE. 3
NAPLES FL 33110**

55039194



2. Principal Place of Business
Valerie Way
Suite, Apt. #, etc.

3. Mailing Address
745 -12th Avenue South
Suite, Apt. #, etc.
Suite AA

CHECK HERE IF MAKING CHANGES

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number

Applied For
 Not Applicable

Zip
34104

Country
USA

Zip
34102

Country
USA

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

**BRUGGER, JOHN N
600 5TH AVE. S., STE. 207
NAPLES FL 34102**

Name **Moore Property Management, Inc**
Street Address (P.O. Box Number is Not Acceptable)

745 -12th Avenue South, Suite AA

City
Naples

FL

Zip Code
34102

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 Brenda H. Pederson
Signature, typed or printed name of registered agent and title if applicable.

Brenda H. Pederson Vice President
(NOTE: Registered Agent signature required when reinstating)

4/16/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **D HARDY, ROBERT P**
STREET ADDRESS **3692 STRAND CT., STE. 3**
CITY-ST-ZIP **NAPLES FL 33110**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D WHITE, KATHY**
STREET ADDRESS **3096 TAMiami TRAIL N., #8**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D GODE, LARRY**
STREET ADDRESS **5672 STRAND CT., STE. 3**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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)(l), 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 617, 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

4/16/03 239 262 0077
Date Daytime Phone #

CR2E037 (10/02)