

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 160198

1. Entity Name
THE SHEPARD DYKES COMPANY

Principal Place of Business
114 HARRISON ST.
COCOA FL 32922

Mailing Address
114 HARRISON ST.
COCOA FL 32922

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 59-6071255

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

WINSTEAD, R. C. JR.
CLERK CIRCUIT COURT
TITUSVILLE FL FL 32780

Name Walter C. Shepard, Jr.

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

City Cocoa, FL Zip Code 32922

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 *Walter C. Shepard, Jr.*
Signature, typed or printed name of registered agent and title if applicable
Walter C. Shepard, Jr.

9/10/01
DATE

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME SHEPARD JR., WALTER C.
STREET ADDRESS 114 HARRISON STREET
CITY-ST-ZIP COCOA FL ☐ Delete

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

TITLE VD
NAME KELLAGHER, DEBORAH F
STREET ADDRESS 114 HARRISON STREET
CITY-ST-ZIP COCOA FL ☐ Delete

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

TITLE SD
NAME CROWE, ZORA M.
STREET ADDRESS 114 HARRISON STREET
CITY-ST-ZIP COCOA FL ☐ Delete

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

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: *Walter C. Shepard, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01
Date

321-636-7711
Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90001 018 ***550.00



DO NOT WRITE IN THIS SPACE

015131 AT

CR2E034 (5/01)