

DOCUMENT # 408368

1. Entity Name  
SHEPPARD ELECTRIC COMPANY

Principal Place of Business

9025 BOBBY CREEK RD.  
SUITE 14  
ORLANDO FL 32824

Mailing Address

9025 BOBBY CREEK RD.  
SUITE 14  
ORLANDO FL 32824

2. Principal Place of Business  
9025 Boggy Creek Rd.

Suite, Apt. #, etc.

Suite 14

City & State

Orlando, FL

Zip

32824

Country

USA

3. Mailing Address  
9025 Boggy Creek Rd.

Suite, Apt. #, etc.

Suite 14

City & State

Orlando, FL

Zip

32824

Country

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

SHEPPARD, DAVID B  
508 GOLFPARK DR  
CELEBRATION FL 34747

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.

SIGNATURE

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEPPARD, DAVID	
STREET ADDRESS	508 GOLFPARK DR	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHEPPARD, SUSAN	
STREET ADDRESS	508 GOLFPARK DR	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90004 019 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)