


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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90214 041 ***158.75

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DOCUMENT # 534081
1. Entity Name
DEBBIE ENTERPRISES, INC.



Principal Place of Business
**1206 HOWARD ROAD
LEESBURG FL 34748**

Mailing Address
**1206 HOWARD ROAD
LEESBURG FL 34748**



2. Principal Place of Business
932 E Main Street

3. Mailing Address
932 E Main Street

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Leesburg FL

City & State
Leesburg FL

Zip
34748

Country
USA

4. FEI Number
59-1776801

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRYAN, SHEPHERD
932 E. MAIN ST.
LEESBURG FL 32748**

7. Name and Address of New Registered Agent

Name
Debra H. Shepherd

Street Address (P.O. Box Number is Not Acceptable)
932 East Main Street

City
Leesburg

State
FL

Zip Code
34748

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 Debra H. Shepherd Debra H. Shepherd 2-24-03
Signature, typed or printed name of registered agent and like it applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHEPHERD, BRYAN	
STREET ADDRESS	932 E. MAIN ST.	
CITY-ST-ZIP	LEESBURG FL 32748	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra H. Shepherd	
STREET ADDRESS	932 East Main Street	
CITY-ST-ZIP	Leesburg FL 34748	
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
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)(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: Debra H. Shepherd 2-24-03 352-787-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)