

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

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

Suite, Apt. #, etc.

3. Mailing Address

932 E Main Street

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Leesburg FL

4. FEI Number

59-1776801

Applied For

Not Applicable

Zip

34748

Country

USA

Zip

34748

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

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 title if 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** ☒ Delete
NAME **SHEPHERD, BRYAN**
STREET ADDRESS **932 E. MAIN ST.**
CITY-ST-ZIP **LEESBURG FL 32748**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Debra H. Shepherd**
STREET ADDRESS **932 East Main Street**
CITY-ST-ZIP **Leesburg FL 34748**

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

TITLE ☐ Change ☐ Addition
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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

2-24-03
Date

352-787-2551
Daytime Phone #

CR2E034 (10/02)