FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 19, 2002 8:00 am Secretary of State DOCUMENT # 556838 1. Entity Name 09-19-2002 90156 042 \*\*\*150.00 SHEPPARD, WHITE AND THOMAS, P.A. Principal Place of Business Mailing Address 215 WASTHINGTON STREET 215 WASTHINGTON STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1788091 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 215 WASHINGTON STREET JACKSONVILLE FL 32202 City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition NAME SHEPPARD, WILLIAM J. NAME STREET ADDRESS 215 WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ... Delete -TITLE ☐.Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

904-356-9661

Daytime Phone #

CR2E034 (4/02)

Attackment

556838

## SHEPPARD, WHITE AND THOMAS, P.A.

ATTORNEYS & COUNSELORS AT LAW 215 WASHINGTON STREET JACKSONVILLE, FLORIDA 32202

WM. J. SHEPPARD Board Certified Criminal Trial Lawyer

ELIZABETH L. WHITE Also admitted to the Oregon Bar

904/356-9661 Telefax 904/356-9667

D. GRAY THOMAS Also admitted to the Georgia Bar MATTHEW R. KACHERGUS

September 17, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Sheppard, White & Thomas, P.A. Corporate Filing

To Whom It May Concern:

This is to inform you that we did not receive our first notice of filing for our 2002 Uniform Buisness Report. As we have talked to your office, they have informed us to notify you we did not receive this filing and that we owe \$150.00. Enclosed you will find our check number 28736 in this amount for our corporate filing along with our notice.

Thank you for your assistance in this matter.

Sincerely,

Wm. J. Sheppard

WJS/rw

Enclosure