

2001 UNIFORM BUSINESS REPORT (UBR)

0902017

DOCUMENT # F00000005349

1. Entity Name

SHEPHERD MANAGEMENT INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 10 AM 8:09

Principal Place of Business

Mailing Address

3800 PIA PESCADOR
CAMARILLO CA 93011

P.O. BOX 1305
CAMARILLO CA 93011

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 ~~68-0065500~~
68-0013865

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

BOYLE, CONRAD J ESQ.
500 EAST BREVARD BOULEVARD, SUITE 2950
FORT LAUDERDALE FL 33394

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.

(NOT

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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 CP ☐ Delete
NAME SHEPHERD, DENNIS L
STREET ADDRESS 3800 PIA PESCADOR
CITY-ST-ZIP CAMARILLO CA 93011

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

TITLE D ☐ Delete
NAME SHEPHERD, LARRY D
STREET ADDRESS 3800 PIA PESCADOR
CITY-ST-ZIP CAMARILLO CA 93011

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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

DENNIS SHEPHERD

4/9/01

Date

805.389-1141

Daytime Phone #

CR2E034 (10/00)