

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90008 043 \*\*\*150.00

**DOCUMENT # H64860**

1. Entity Name  
**SHEPARD'S HEAVY EQUIPMENT REPAIR, INC.**

Principal Place of Business

HIGHWAY 27, NORTH  
P. O. BOX 1135  
HAVANA FL 32333

Mailing Address

HIGHWAY 27, NORTH  
P. O. BOX 1135  
HAVANA FL 32333

2. Principal Place of Business

7092 FL GA Hwy

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1300

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Havana FL

City & State

Havana FL

4. FEI Number

59-2552541

Applied For

Not Applicable

Zip 32333

Country USA

Zip 32333

Country USA

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

SHEPARD, JAMES DEWAYNE  
7092 FL GA HWY  
HAVANA FL 32333

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 *Dwayne Shepard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	SHEPARD, JAMES DEWAYNE	
STREET ADDRESS	7092 GL GA HWY	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SHEPARD, GLENDA Q.	
STREET ADDRESS	7092 FL GA HWY	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
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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

*Glenda Shepard*

Date

2/16/01

Daytime Phone #

539-5264

CR2E034 (10/00)