2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am Secretary of State **DOCUMENT. #. J00842** RICHARD SHEPARD CONSULTANTS, INC. 03-08-2000 90006 035 ***150.00 Mailing Address Principal Place of Business 452 FOREST GREEN DR 1228 NORTH ADAMS TALLAHASSEE FL 32308-6154 TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business 412 FOREST GREEN DR 1228 N. MOOMS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For TRUE A HASSCE 4. FEI Number 59-2639122 Not Applicable \$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 SHEPARD, RICHARD F. Street Address (P.O. Box Number is Not Acceptable) 452 FOREST GREEN DR. TALLAHASSEE FL 32308 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office on registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST 3. A respon ☐ Change Addition TITLE TITLÉ 🖁 🔧 ☐ Delete SHEPARD, RICHARD NAME NAME STREET ADDRESS 452 FOREST GREEN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition Delete TITLE TITLE SHEPARD, RICHARD NAME NAME 452 FOREST GREEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Addition Change _ - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE 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