

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90006 035 ***150.00

DOCUMENT # J00842

1. Entity Name
RICHARD SHEPARD CONSULTANTS, INC.

Principal Place of Business

**1228 NORTH ADAMS
TALLAHASSEE FL 32303
US**

Mailing Address

**452 FOREST GREEN DR
TALLAHASSEE FL 32308-6154
US**

2. Principal Place of Business

**1228 N. ADAMS ST
Suite, Apt. #, etc.**

3. Mailing Address

**452 FOREST GREEN DR
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**TALLAHASSEE FL
Zip 32303 Country LEON**

City & State

**TALLAHASSEE FL
Zip 32308 Country LEON**

4. FEI Number

59-2639122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPARD, RICHARD F.
452 FOREST GREEN DR.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

RICHARD SHEPARD, PRESIDENT

Richard Shepard

3/1/00

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE **PST** ☐ Delete
NAME **SHEPARD, RICHARD**
STREET ADDRESS **452 FOREST GREEN DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
NAME **SHEPARD, RICHARD**
STREET ADDRESS **452 FOREST GREEN DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 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:

Richard F. Shepard (**RICHARD F. SHEPARD**)

Date

Daytime Phone #

3/1/00 (850) 513-9262

CR2E034 (9/99)