

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90267 025 ***158.75

DOCUMENT # M03910 1. Entity Name SHEPARD CONTRACTING, INC.			
Principal Place of Business 13988 SW 139 CT MIAMI, FL 33186 US		Mailing Address 13988 SW 139 CT MIAMI, FL 33186 US	
2. Principal Place of Business 122 Beechers Pt Dr Suite, Apt. #, etc.		3. Mailing Address PO Box 629 Suite, Apt. #, etc.	
City & State Welaka FL		City & State Welaka FL	
Zip 32193		Zip 32193	
Country USA		Country USA	
4. FEI Number 59-2438391		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPARD, ROBERT D. 14825 S.W. 82 AVE. MIAMI, FL 33168		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 122 Beechers Pt Dr City Welaka FL Zip Code 32193	
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.		DATE _____ (NOTE: Registered Agent signature required when registering)	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPARD, ROBERT D. 14825 S.W. 82 AVE. MIAMI, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHEPARD, PATRICIA A. 14825 S.W. 82 AVE. MIAMI, FL	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, FRAZIER 10360 SW 148 ST MIAMI, FL 33178	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Robert D. Shepard</i>		Date: 2/11/03	

CP12E034 (10/02)