FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91015 019 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046630

DOCUMENT # M47746

1. Entity Name
SHEEP WORLD, INCORPORATED

Principal Place of Business	Mailing Address
3068 NW FEDERAL HWY JENSEN BEACH, FL 34957 US	3068 NW FEDERAL HWY JENSEN BEACH, FL 34957 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Above	Suite, Apt. #, etc. Above
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2782455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUGHES MICHAEL F.
~~1364 CROTON ST NE~~
~~JENSEN BEACH, FL 34957~~
115 W Arbor Ave
Port St Lucie, FL
34952

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. I am familiar with, and accept the obligations of registered agent.

address change only

SIGNATURE [signature] 3/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will Be $550.00
Make Checks Payable to Florida Department of State

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: PSDT NAME: HUGHES, MICHAEL STREET ADDRESS: ~~1364 CROTON ST~~ 115 W Arbor Ave CITY-ST-ZIP: ~~JENSEN BCH,~~ FL Port St Lucie FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 3/17/03 772-692-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #