

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000000711

FILED
Jan 16, 2002 8:00 AM
Secretary of State

Entity Name: SHEARD & DAVEY ADVISORS, LLC

Current Principal Place of Business:

24 MCNISH ROAD
SOUTHERN PINES, NC 28387

New Principal Place of Business:

Current Mailing Address:

24 MCNISH ROAD
SOUTHERN PINES, NC 28387

New Mailing Address:

FEI Number: 36-4285119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVEY, DONALD V
3815 FENWICK ISLAND DRIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

DAVEY, DONALD V
200 FIRST STREET
SUITE 204
NEPTUNE BEACH, FL 32266 US

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:

01/16/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: SHEARD, ROBERT F
Address: 24 MCNISH ROAD
City-St-Zip: SOUTHERN PINES, NC 28387

Title: MEM () Delete
Name: DAVEY, DONALD V
Address: 3815 FENWICK ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHEARD, ROBERT F
Address: 24 MCNISH ROAD
City-St-Zip: SOUTHERN PINES, NC 28387

Title: MGRM (X) Change () Addition
Name: DAVEY, DONALD V
Address: 3815 FENWICK ISLAND DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD V. DAVEY

MGRM

01/16/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date