

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005004**

1. Entity Name

THE SHEPHERD'S STAFF, INC.**FILED**
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90090 034 ****70.00

Principal Place of Business

**6126 TURNBURY PARK DRIVE
#10104
SARASOTA FL 34243**

Mailing Address

**6126 TURNBURY PARK DRIVE
#10104
SARASOTA FL 34243**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1029404

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, ANN B REV.
6126 TURNBURY PARK DRIVE
#10104
SARASOTA FL 34243**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, ANN B REV. | |
| STREET ADDRESS | 6126 TURNBURY PARK DRIVE | |
| CITY-ST-ZIP | SARASOTA FL 34243 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TAYLOR, ELAINE | |
| STREET ADDRESS | 8421 ISLES WORTH COURT #14207 | |
| CITY-ST-ZIP | SARASOTA FL 34243 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES-BAZE, KATHLEEN | |
| STREET ADDRESS | 3098 LAMPLIGHTER DRIVE | |
| CITY-ST-ZIP | SARASOTA FL 34234 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6126 TURNBURY PARK DR #10104 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6126 TURNBURY PARK DR #10106 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 617, 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: *Ann B Davis* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 1, 2002

Date

941-358-6262

Daytime Phone #

CR2E037 (9/01)