

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006535

1. Entity Name

SHERWOOD CONSORTIUM, INCORPORATED

FILED

May 19, 2002 8:00 am  
Secretary of State

05-19-2002 90172 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5006 TROUBLE CREEK RD., #128  
NEW PORT RICHEY FL 34652

5006 TROUBLE CREEK RD., #128  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3649405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TOWNE, DOUGLAS G  
CITY-ST-ZIP 9951 12TH WAY N., #201  
ST. PETERSBURG FL 33716

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOULOU, GUST  
CITY-ST-ZIP 7391 118TH TERRACE N.  
LARGO FL 33773

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CRABB, H.G.  
CITY-ST-ZIP 6367 CONNIEWOOD SQUARE  
NEW PORT RICHEY FL 34652

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
D.G. Towne 4/22/02 727-578-4440

Date

Daytime Phone #

CP2E037 (9/01)