

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004763

FILED
May 01, 2003
Secretary of State

Entity Name: IN THE SHADOW OF THE SHEPHERD INC

Current Principal Place of Business:

12651 WALSINGHAM ROAD
SUITE A
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

12651 WALSINGHAM ROAD
SUITE A
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-3730770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHRET, KARIN
5290 SEMINOLE BLVD
UNIT E/F
ST PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISH, NANCY
Address: 2699 SEVILLE BLVD # 401
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: FLETCHER, PAULA
Address: 12651 WALSINGHAM ROAD UNIT A
City-St-Zip: LARGO, FL 33774

Title: T () Delete
Name: ROHRET, KARIN
Address: 5290 SEMINOLE BLVD E/F
City-St-Zip: ST PETERSBURG, FL 33708

Title: D () Delete
Name: MARKOWSKI, JUDY
Address: 12651 WALSINGHAM ROAD SUITE A
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: TOROK, MARY
Address: 12651 WALSINGHAM ROAD SUITE A
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: SANTANGELLO, SANDY
Address: 12651 WALSINGHAM ROAD
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN ROHRET

T

05/01/2003

Electronic Signature of Signing Officer or Director

Date