

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000343

1. Entity Name

THE SWORD AND THE SHIELD, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90312 009 ****61.25

Principal Place of Business

Mailing Address

PO BOX 149
 CLARKSVILLE FL 32430

PO BOX 149
 CLARKSVILLE FL 32430-0149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3157835

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

WILLIAMS, RALPH T
 HIGHWAY 275 N
 CLARKSVILLE FL 32430

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 PD ☐ Delete
 NAME WILLIAMS, RALPH T
 STREET ADDRESS HIGHWAY 275 N
 CITY-ST-ZIP CLARKSVILLE FL 32430

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

TITLE SD ☐ Delete
 NAME WILLIAMS, ANN M
 STREET ADDRESS HIGHWAY 275 N
 CITY-ST-ZIP CLARKSVILLE FL 32430

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

TITLE TD ☐ Delete
 NAME WILLIAMS, JAY F JR
 STREET ADDRESS HIGHWAY 275 N
 CITY-ST-ZIP CLARKSVILLE FL 32430

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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.

(AC 850)

SIGNATURE: *Ralph T. Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000 6745487
 Date Daytime Phone #

CR2E037 (9/99)