

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004943

1. Entity Name

SHEPHERD'S PROMISE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 017 ****61.25

Principal Place of Business
SHEPHERDS PROMISE
3240 N FEDERAL HWY
BOCA RATON FL 33431
US

Mailing Address
399 W. PALMETTO PK RD
#206
BOCA RATON FL 33432-3760
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 273175
Suite, Apt. #, etc.

City & State
Boca Raton FL

Zip
33427-3175

Country
US

4. FEI Number
65-0625813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REED, S. HOWARD
399 SW PALMETTO PK RD
STE 206
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
Name
Kristopher Mortensen
Street Address (P.O. Box Number is Not Acceptable)
9170 Gettysburg
City
Boca Raton FL FL Zip Code
33434

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 *Kristopher Mortensen* DATE 4-25-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUMMICH, ROBERT R 1328 SE 2ND AVE DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, HOWARD 1400 SW 5TH STREET BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTENSEN, KRISTOPHER 363 PAULUS CT BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MICHAEL 567 TRIVOU TRACE CIR, #204 DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Karkovetz, Nancy 601 N.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT 9170 Gettysburg Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Nancy Karkovetz 601 N. Ocean Blvd., #601 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Mortensen 363 Paulus Court Boca Raton FL 33486	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: X *Kristopher Mortensen* DATE 4-25-00 DAYTIME PHONE # 561-470-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)