

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000004943

FILED  
Apr 08, 2003  
Secretary of State

Entity Name: SHEPHERD'S PROMISE, INC.

## Current Principal Place of Business:

SHEPHERDS PROMISE  
56 SE 5TH AVENUE  
DEERFIELD BEACH, FL 33441 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 273175  
BOCA RATON, FL 33427 US

## New Mailing Address:

FEI Number: 65-0625813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORTENSEN, KRISTOPHER  
9170 GETTYSBURG  
BOCA RATON, FL 33434

## Name and Address of New Registered Agent:

MORTENSEN, KRISTOFER  
9170 GETTYSBURG  
BOCA RATON, FL 33434

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: KRISTOFER MORTENSEN

04/08/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DUMMICH, ROBERT R  
Address: 1328 SE 2ND AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: MORTENSEN, KRISTOPHER  
Address: 363 PAULUS CT  
City-St-Zip: BOCA RATON, FL 33486

Title: DT ( ) Delete  
Name: KARLONETZ, NANCY  
Address: 601 N. OCEAN BLVD  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: SCHREIBER, LYNNE  
Address: 400 CAMEL POINT SOUTH  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: MORTENSEN, KRISTOFER  
Address: 9170 GETTYSBURG  
City-St-Zip: BOCA RATON, FL 33434

Title: DT (X) Change ( ) Addition  
Name: STYLES, NANCY  
Address: 3861 OTTAWA LANE  
City-St-Zip: COOPER CITY, FL 33026

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: KRISTOFER MORTENSEN

D

04/08/2003

Electronic Signature of Signing Officer or Director

Date