2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9800001595 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name SKY SHEPHERD, INC. 04-17-2000 90028 030 ****61.25 Principal Place of Business Mailing Address 3625 JACQUE LEE LANE 3625 JACQUE LEE LANE LAKELAND FL 33803 LAKELAND FL 33803-9730 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3537297 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BIGGERS, RANDY** 3625 JACQUE LEE LANE LAKELAND FL 33803 Zip Code City 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BIGGERS. JOY** NAME NAME STREET ADDRESS 3625 JACQUE LEE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change ☐ Addition ☐ Delete TITLE D TITLE WILSON, EMORY NAME STREET ADDRESS STREET ADDRESS 1034 ANDERSON AVENUE CITY-ST-ZIP CITY-ST-ZIE LAKELAND FL 33805 Change Addition D TITLE ☐ Defete TITLE HENRY, TOMMIE NAME NAME STREET ADDRESS STREET ADDRESS 1905 E. MARK STREET #1 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change Addition D ☐ Delete TITLE TITLE **GUDAL, TOOTSIE** NAME NAME STREET ADDRESS 1380 MT. PISGAH ROAD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FT. MEADE FL 33841 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, ART NAME NAME STREET ADDRESS STREET ADDRESS 5337 HOUSTON CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 Change ☐ Addition TITLE ☐ Delete TITLE HAMILTON, EVERETT NAME STREET ADDRESS STREET ADDRESS 1475 WOODLAKE DRIVE, APT. 219 CITY-ST-ZIP LAKELAND FL 33803 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.

Daytime Phone #