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**FILED** 

9/1/01 863-666-1921

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Sep 10, 2001 8:00 am Secretary of State DOCUMENT # N9800001595 1. Entity Name 09-10-2001 90048 034 \*\*\*\*61.25 SKY SHEPHERD, INC. Principal Place of Business Mailing Address 3625 JACQUE LEE LANE 3625 JACQUE LEE LANE AUU84168 LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3537297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_\_\_ حص - - -Street Address (P.O. Box Number is Not Acceptable) **BIGGERS. RANDY** 3625 JACQUE LEE LANE LÄKELAND FL 33803 City 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 -1.0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution П After September 12, 2001, min. will be \$236.25 Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (5/01)TITLE ☐ Delete TITLE Change ☐ Addition **BIGGERS, JOY** NAME NAME 3625 JACQUE LEE LANE STREET ADDRESS STREET ADDRESS E037 LAKELAND FL 33803 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WILSON, EMORY NAME NAME STREET ADDRESS 1034 ANDERSON AVENUE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HENRY, TOMMIE ---NAME NAME STREET ADDRESS 1905 E. MARK STREET #1 STREET ADDRESS ORLANDO FL 32803 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition Gudal, Tootsie 56 West Cliff Court **GUDAL, TOOTSIE** NAME NAME 1380 MT. PISGAH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MEADE FL 33841 CITY-ST-ZIP Somerset, KY 42503 TITLE Delete TITLE Change ■ ☐ Addition ANDERSON, ART ANDERSON, ART NAME NAME STREET ADDRESS 5337 HOUSTON STREET ADDRESS BOX 856 CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP OLD TOWN, 71 TITLE Delete TITLE Change Addition HAMILTON, EVERETT HAMILTON, EVERETT NAME NAME 1475 WOODLAKE DRIVE, APT. 219 STREET ADDRESS STREET ADDRESS 5201 NICHOLS DR. WEST CITY-ST-ZIP LAKELAND FL 33803 Lakeland, H. 33813 CITY-ST-7IP 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.