

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 003 ***150.00

DOCUMENT # P00000092936

1. Entity Name

THE SHEPHERD'S INN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13289 SUN ROAD

Suite, Apt. #, etc.

3. Mailing Address

13289 SUN ROAD

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL 34613

Zip

Country

City & State

BROOKSVILLE, FL 34613

Zip

Country

4. FEI Number

59-3677932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SWAFFORD, THEA M.

Street Address (P.O. Box Number is Not Acceptable)

13289 SUN ROAD

City

BROOKSVILLE

FL

Zip Code
34613

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

Thea Marie Swafford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P/S/T	SWAFFORD, THEA M.	13289 SUN ROAD	BROOKSVILLE, FL 34613
D/VP	SWAFFORD, DONALD L.	13289 SUN ROAD	BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thea Marie Swafford THEA M. SWAFFORD

04/30/02

Date

Daytime Phone #