

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-17-2001 91347 025 ***150.00

DOCUMENT # P00000105432

1. Entity Name

SHEPPARD PHARMACEUTICAL CONSULTING, INC.

Principal Place of Business

Mailing Address

3328 MILLS BAYOU DR
 MILTON FL 32583

3328 MILLS BAYOU DR
 MILTON FL 32583

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3683486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, DANIEL D
3328 MILLS BAYOU DR
MILTON FL 32583

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	Daniel D. Sheppard	
STREET ADDRESS	3328 Mills Bayou Dr.	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	Vice President/Secretary	<input type="checkbox"/> Delete
NAME	Amy Sheppard	
STREET ADDRESS	3328 Mills Bayou Dr.	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Melissa Jackson	
STREET ADDRESS	3001 E. Gadsden St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	John Thomas	
STREET ADDRESS	Mary Lou	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Dayon Sheppard	
STREET ADDRESS	3328 Mills Bayou Drive	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Sheppard	
STREET ADDRESS	3328 Mills Bayou Drive	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melissa Sullivan Jackson	
STREET ADDRESS	3001 East Gadsden Street	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Thomas	
STREET ADDRESS	1177 Mary Lou Lane	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel D. Sheppard

Date

04-28-01

Daytime Phone #

995-0479

CR2E034 (10/00)