FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 27, 2002 8:00 am **DOCUMENT #** P01000102927 Secretary of State 1. Entity Name 02-27-2002 90053 018 ***150.00 SHEPHERD JEWELRY, INC. Principal Place of Business Mailing Address 2831 RINGLING BLVD SUITE 219D 2831-RINGLING BLVD SUITE 213D SARASOTA-FL-34237-SARASOTA FL-94297-DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee.Required___ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agen Shepherd, Devon Drew 2831-RINGLING BLVD SUITE 213D SARASOTA FL-34237-8. The above named e the purpose of changir ts registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Devon Drew. ☐ Addition NAME Shepherd. Devon Drew NAME STREET ADDRESS 2831-RINGLING BLVD SUITE-213D -STREET ADDRESS CITY-ST-ZIP Sarasota fl 34237 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME shepherd, Liva M NAME STREET ADDRESS 2831-RINGLING BLVD SUITE 213D STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA EL 34237 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 type 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 accress with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12302

941-929-0095

Daytime Phone #