

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91014 030 \*\*\*150.00

**DOCUMENT #**

1. Entity Name

P020000093170

SHEPHERD ENTERPRISES Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15906 BAY VISTA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

15807 AUTUMN GLEN AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont FL

City & State

Clermont FL

4. FEI Number

04/3715458

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PAUL SHEPHERD

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

15807 AUTUMN Glen Ave

City Clermont

FL

Zip Code

34711

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

P. Shepherd

3-20-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	PAUL SHEPHERD	15807 AUTUMN Glen Ave, Clermont, FL	34711
VP	DAWN SHEPHERD	15807 AUTUMN Glen Ave, Clermont, FL	34711

**DO NOT WRITE  
IN THIS SPACE**

11. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. Shepherd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-03

Date

352-242-7473

Daytime Phone #

CR2E034B (12/02)