

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90097 032 ***150.00

DOCUMENT # P02000108437

1. Entity Name

THE SHEPHERD'S GUIDE OF BROWARD COUNTY, INC.



Principal Place of Business

**10790 S.W. 10TH PLACE
DAVIE FL 33324**

Mailing Address

**10790 S.W. 10TH PLACE
DAVIE FL 33324**

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

383662252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES, STEPHEN A
10790 S.W. 10TH PLACE
DAVIE FL 33324**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JAMES, STEPHEN A**
STREET ADDRESS **10790 S.W. 10TH PLACE**
CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2003
Date

(954) 452-8583
Daytime Phone #

CR2E034 (4/03)

SIR TAX

Accounting, Consulting, IRS Representation, & Strategic Tax Planning.

801 South Federal Highway ♦ Hollywood, FL 33020 ♦ Telephone (954) 922-1903 ♦ Facsimile (954) 926-6770

ATTACHMENT # P02000108437
80140768

R. Kevin Cross, MST, EA,
® - Enrolled Agent, Accountant,
Tax Specialist, & Financial
Counselor & Advisor

® - R. Kevin Cross, MST, EA.
& Steven R. Danielson, MA, EA. -
are enrolled to represent taxpayers
before the Internal Revenue Service.

Steven R. Danielson, MA, EA,
® - Enrolled Agent, Accountant,
Certified QuickBooks Pro Advisor,
& Member NASD & SIPC

August 20, 2003

Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

Re: Shepherd's Guide of Broward County, Inc.
P02000108437

Dear Sir or Madam:

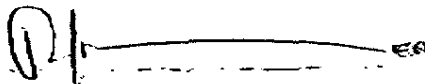
Please find enclosed the application for corporate renewal along with payment for \$150.00

Mr. James never received the notice of renewal earlier in the year. It is only at this time, when he received the second notice that he realized he never received the first renewal notice.

Please abate the late penalty filing and accept his payment of \$150.00 as full payment.

Thank you.

Cordially yours,



R. Kevin Cross, MST, E.A.
Master of Science in Taxation
Enrolled Agent
Specializing in Tax Controversies

RKC/dah