

DOCUMENT # P95000013856

1. Entity Name

SHERWOOD VENTURES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-12-2000 90099 008 ***158.75

Principal Place of Business

Mailing Address

6001 MEDICI CT
 SARASOTA FL 34243
 US

6001 MEDICI CT
 SARASOTA FL 34243-2697
 US

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 59-3312021

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

LANG, NICHOLAS F
 5001 4TH STREET N., STE A
 ST. PETERSBURG FL 33703

Name TROY H. MYERS JR
 Street Address (P.O. Box Number is Not Acceptable)
ECARD, Merrill
2033 MAIN ST- STE 600
 City SARASOTA FL Zip Code 34237

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

1-4-00

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, 2000 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 PD ☐ Delete
 NAME ALVEY, GARY D
 STREET ADDRESS 6210 MEDICI CT., #206
 CITY-ST-ZIP SARASOTA FL 34243

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

TITLE ST ☐ Delete
 NAME ALVEY, JUDINE B
 STREET ADDRESS 6210 MEDICI CT., #206
 CITY-ST-ZIP SARASOTA FL 34243

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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

D. GARY ALVEY 1/4/00 351-7266
 Date Daytime Phone #

CR2F034 (9/99)