

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90231 001 *****8.75
 02-02-2001 90231 002 ***150.00

24615



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000085090 1. Entity Name SHEPHERD LEARNING CENTER, INC.																																																																																																																																																																																																							
Principal Place of Business 1333 SHEPHERD ROAD LAKELAND FL 33813		Mailing Address 1333 SHEPHERD ROAD LAKELAND FL 33813																																																																																																																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																																																					
City & State		City & State																																																																																																																																																																																																					
Zip	Country	Zip	Country																																																																																																																																																																																																				
6. Name and Address of Current Registered Agent MORRISON, JOSEPH A ESQ. 5410 SOUTH FLORIDA AVENUE SUITE 3 LAKELAND FL 33813		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																																																					
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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: <u><i>OCIE F. Ledford</i></u> 1-29-01 (863)-647-0094 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																																																																							

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