

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091246

1. Entity Name

SHEPHERD INVESTMENTS, INC.

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90003 022 \*\*\*150.00

Principal Place of Business

Mailing Address

860 HUDSON AVENUE  
 SARASOTA FL 34236

860 HUDSON AVENUE  
 SARASOTA FL 34236-7744

A0063906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

860 HUDSON AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SARASOTA, FL

City & State

City & State

4. FEI Number 65-0719833

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

U.S.A.

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

ROKNICH, NICK III  
 1819 MAIN STREET  
 SUITE 700  
 SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D  
 NAME SHEPHERD, DAVID M  
 STREET ADDRESS 860 HUDSON AVENUE  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE President  
 NAME DAVID M. SHEPHERD  
 STREET ADDRESS 860 HUDSON AVE  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 CITY-ST-ZIP ☐ Delete

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

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 another I am empowered.

SIGNATURE: David M. Shepherd, President, 5/1/00 941-951-1480  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)