

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90071 045 ***150.00

DOCUMENT # P98000034362

1. Entity Name
SHERFRED, INC.



Principal Place of Business
**6051 SW 18TH CT RD
OCALA FL 34474**

Mailing Address
**6051 SW 18TH CT RD
OCALA FL 34474**

2. Principal Place of Business
824 Creighton Rd

3. Mailing Address
824 Creighton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola Florida

City & State
Pensacola, Florida

4. FEI Number **65-0846552**

Applied For
Not Applicable

Zip
32504

Country
USA

Zip
32504

Country
USA

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

**FULLER, JEFFERY M
100 N TAMPA ST, SUITE 2650
TAMPA FL 33602**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **VERO, FRANK M**
STREET ADDRESS **6051 SW 18TH CT RD**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE **VPS** ☒ Delete
NAME **PHELPS, MARK A**
STREET ADDRESS **2712 SW 132 TERR**
CITY-ST-ZIP **ARCHER FL 32618**

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

TITLE **OD** ☐ Delete
NAME **GAVIN, STEVEN L**
STREET ADDRESS **2434 EAST MALLORY STREET**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **President - Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 352-351-3207
Date Daytime Phone #

CR2E034 (10/02)