04/29/02 17:14 FAX 904 259 5102 LYONS AND LYONS

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90238 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044209

1. Entity Name
Shep's Discount and Salvage, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7890 Normandy Blvd.	7890 Normandy Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32221 Country: USA	Zip: 32221 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3518526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: William S. Ellison
Street Address (P.O. Box Number is Not Acceptable): 802 Shady Reach Drive
City: Jacksonville FL Zip Code: 32221

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] William S. Ellison 4/29/02
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	William S. Ellison	NAME	
STREET ADDRESS	802 Shady Reach	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32221	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Hilda M. Ellison	NAME	
STREET ADDRESS	802 Shady Reach	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32221	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] William S. Ellison 4/29/02 904 781-8244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #