## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P99000002289

1. Entity Name

SIGNATURE: \$

SHEPHERD FAMILY HOLDINGS, INC.



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90080 049 \*\*\*150.00

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Suite, Apl. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Check HERE IF MAKING CHANGES  Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Addition   S8.75 Additi	2. Principal	Place of Business	2 12:00			
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Second   S	City & Sta	ate	City & State		4. FELNumber	plied For
SMITH, ALICE C. 7135 WOOD CREEK DRIVE SARASOTA FL 34231  11  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with and the state of Florida. I am familiar with and the state of Florida. I am familiar with and the state of Florida. I am familiar with and the state of Florida. I am familiar wit	Zip	Country	Zip	Country	03 00003 IU Noi	t Applica
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SIGNATURE    Signature, typed or proted name of respected agent and late if applicable. (NOTE: Registered Agent signature recluted when reinstating)   Title   NOW!!! FEE IS \$150.00     After May 1, 2003 Fee will be \$550.00     O OFFICERS AND DIRECTORS   11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1   AME	the above the obligat	<ul> <li>named entity submits this statement tions of registered agent</li> </ul>	for the purpose of changing it	ts registered office or re	egistered agent, or both, in the State of Florida. Lam familiar with	<del></del>
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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 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 Plack 10 or P	hereby cert	tify that the information supplied with	thin EC-		·	