

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011177

1. Entity Name

SEAN P. SHEPPARD, ATTORNEY AT LAW, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90111 008 ***158.75

Principal Place of Business

Mailing Address

3119 SPRING GLEN RD.,STE.101
JACKSONVILLE FL 32207

3119 SPRING GLEN RD.,STE.101
JACKSONVILLE FL 32207-5921

2. Principal Place of Business

3. Mailing Address

101 Orange Street

101 Orange Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

4. FEI Number

59-3562158

Applied For

Not Applicable

Zip

Country

32084

USA

Zip

Country

32084

USA

5. Certificate of Status Desired

KX

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, SEAN P
3119 SPRING GLEN RD.,STE.101
JACKSONVILLE FL 32207

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

SEAN P. SHEPPARD

SEAN P. SHEPPARD

April 27, 2000

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	<input type="checkbox"/> Delete
NAME	SHEPPARD, SEAN P	
STREET ADDRESS	3119 SPRING GLEN RD.,STE.101	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheppard, Sean P.	
STREET ADDRESS	101 Orange Street	
CITY-ST-ZIP	St. Augustine, Florida 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SEAN P. SHEPPARD
SEAN P. SHEPPARD

April 27, 2000

(904) 825-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)