

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
 04-04-2002 90003 022 ***150.00

DOCUMENT # P99000111355

1. Entity Name
MARTY SHEPHARD CARPET INC

Principal Place of Business

**121 SAND PEBBLE CIR.
 PORT ORANGE FL 32119**

Mailing Address

**121 SAND PEBBLE CIR.
 PORT ORANGE FL 32119**

2. Principal Place of Business

1239 MARGINA AVE

Suite, Apt. #, etc.

3. Mailing Address

1239 MARGINA AVE

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

4. FEI Number

59-3615655

Applied For

Not Applicable

Zip

32114

Country

VOLUSIA

Zip

32114

Country

VOLUSIA

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

**SHEPARD, MARTIN G
 121 SAND PEBBLE CIR.
 PORT ORANGE FL 32119**

Name

Street Address (P.O. Box Number is Not Acceptable)

1239 MARGINA AVE

City

DAYTONA BEACH

FL

Zip Code

32114

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, 2002 Fee will be \$250.00
 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 **P** ☐ Delete
NAME **SHEPARD, MARTIN**
STREET ADDRESS **121 SAND PEBBLE CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **P** ☒ Change ☐ Addition
NAME **SHEPARD, MARTIN**
STREET ADDRESS **1239 MARGINA AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **ST** ☐ Delete
NAME **SHEPARD, KATHLEEN**
STREET ADDRESS **121 SAND PEBBLE CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **ST** ☒ Change ☐ Addition
NAME **SHEPARD, KATHLEEN**
STREET ADDRESS **1239 MARGINA AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VP** ☐ Delete
NAME **SHEPARD, AARON**
STREET ADDRESS **121 SAND PEBBLE CIRCLE**
CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE **VP** ☒ Change ☐ Addition
NAME **SHEPARD, AARON**
STREET ADDRESS **1239 MARGINA AVE**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)