

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08790

1. Entity Name
SHEPHERD WHOLESALE, INC.

Principal Place of Business
1096 N. U.S. HIGHWAY 1
UNIT 106
ORMOND BEACH FL 32174

Mailing Address
1096 N. U.S. HIGHWAY 1
UNIT 106
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number: 59-3031950

Applied For
Not Applicable

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

SHEPHERD, CHARLES E.
1096 N. U.S. HIGHWAY 1
UNIT 106
ORMOND BEACH FL 32174

Name

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

DEI

City F

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 _____ (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, 2001 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 DP
NAME SHEPHERD, CHARLES E.
STREET ADDRESS 1096 N. US HWY 1, U #106
CITY-ST-ZIP ORMOND BEACH FL

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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: *Charles E. Shepherd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

386 677 6964

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90405 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)