

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90023 038 ***150.00

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
~~12 COOLIDGE CT~~ **CHARLES E. SHEPHERD**
~~PALM COAST FL 32137~~ **1412 Royal Grove Ln.**
Port Orange FL 32129

2. Principal Place of Business
1412 Royal Grove Ln
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
PORT ORANGE FL
Zip **32129** **Country** **US**

City & State
Zip **Country**

4. FEI Number **59-3031950**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

SHEPHERD, CHARLES E.
~~12 COOLIDGE CT~~ **CHARLES E. SHEPHERD**
~~PALM COAST FL 32137~~ **1412 Royal Grove Ln.**
Port Orange FL 32129

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles E. Shepherd*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	CHARLES E. SHEPHERD	1412 Royal Grove Ln.	Port Orange FL 32129	<input type="checkbox"/> Delete
	SHEPHERD, CHARLES	12 COOLIDGE CT	PALM COAST FL 32137	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E. Shepherd* **SIGNATURE REQUIRED** *Charles E. Shepherd* **1-386 788 5436**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)