2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

V25870 DOCUMENT



Apr 18, 2003 8:00 am Secretary of State 1. Entity Name 04-18-2003 90201 041 ***150.00 ROBYN J. SHEPHERD, INC. Principal Place of Business Mailing Address 11380 PROSPEIRTY FARMS RD 11380 PROSPEIRTY FARMS RD #213 #213 PALM BEACH GARDENS FL 33410-3464 PALM BEACH GARDENS FL 33410-3464 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 65-0326140 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Shepherd Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS RD Farms #213 PALM BEACH GARDENS FL 33410 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE Robyn J. Shepherd doran: Robyn-J. NAME NAME 11380 PROSPERITY FARMS RD #213 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP Palm Beach Gardens, F1 33410 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 10 or Block 11 if changed, or on an attachme

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

Date

Daytime Phone #

☐ Change

Addition

FILED