

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90120 050 ***150.00

DOCUMENT # F95000005061

1. Entity Name
SHELTER CORPORATION



Principal Place of Business
**900 SECOND AVE S.
SUITE 880
MINNEAPOLIS MN 55402**

Mailing Address
**900 SECOND AVE S.
SUITE 880
MINNEAPOLIS MN 55402**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1735738**

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

**CARLSON, GARRETT G SR
1330 GALLEON DRIVE
NAPLES FL 34102**

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

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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SHELL, LYNN C	900 SECOND AVE S., SUITE 880	MINNEAPOLIS MN 55402				
VP	CARLSON, GARRETT JR	900 SECOND AVE S., SUITE 880	MINNEAPOLIS MN 55402				
T	HENDRICKS, SHANNON	900 SECOND AVENUE SOUTH SUITE 880	MINNEAPOLIS MN 55402				
VP	JESNEN, JAY	900 SECOND AVE., SOUTH #880	MINNEAPOLIS MN 55402				
S	BENNETT, FRANK	900 SECOND AVENUE SOUTH STE 880	MINNEAPOLIS MN 55402				

12. 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 attachment with an address, with all other like empowered.

SIGNATURE: *Garrett G. Carlson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

602-341-7800

Date

Daytime Phone #

CR2E034 (10/02)