

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**  
 02-06-2001 90228 015 \*\*\*\*70.00

**DOCUMENT # F96000001750**

1. Entity Name

**SHELTER SOLUTIONS, INC.**

Principal Place of Business

70 WHITLOCK PLACE  
 MARIETTA GA 30064  
 US

Mailing Address

70 WHITLOCK PLACE  
 MARIETTA GA 30064  
 US

2. Principal Place of Business

2040 Hwy. A1A

3. Mailing Address

2040 Hwy. A1A

Suite, Apt. #, etc.

# 206

Suite, Apt. #, etc.

# 206

City & State

Indian Harbour Beach

City & State

Indian Harbour Beach, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

4. FEI Number

58-1913524

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HERREN, J.C.  
 521 MAJORCA CT.  
 SATELLITE BCH FL 32937

7. Name and Address of New Registered Agent

Name

Herren, J.S.

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

2040 Hwy. A1A # 206

City

Indian Harbour Beach

FL

Zip Code

32937

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-01

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP HERREN, J S 70 WHITLOCK PLACE MARIETTA GA 30064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRAVIS, GARY D 7549 ISLAND MILL RD. ACWORTH GA 30102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, JIM 1177 BELLEMEADE DR MARIETTA GA 30060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALEMBER, MICHAEL 70 WHITLOCK PL MARIETTA GA 30064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Herren, J.S. 1941 Hwy. A1A # 403 Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Herren, J. SCOTT 521 Majorca Cr. Satellite Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dori Memonious 1538 McA 200 Dr. Marietta GA 30064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Kalember, Michael 2040 Hwy A1A # 206 Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Molly D. Sturgeon 781 Timber Lane Independence, KY 41051	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSIST. Sec. Nicole Herren 650 Bellemeade Dr. Marietta GA 30008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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:

**SIGNATURE REQUIRED** Michael Kalember 1-22-01 321-777-9000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 8-15

CR2E037 (10/00)