

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2002 8:00 am
Secretary of State

05-31-2002 90001 048 ****70.00

DOCUMENT # **F960000001750** ✓

1. Entity Name

SHELTER SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2040 NWY AIA

Suite, Apt. #, etc.

2006

City & State

INDIAN HARBOUR BEACH, FL

Zip

32937

Country

USA

3. Mailing Address

2040 NWY AIA

Suite, Apt. #, etc.

2006

City & State

INDIAN HARBOUR BEACH, FL

Zip

32937

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-191352A

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HERREN, J.S.

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

HERREN, J.S.

2040 NWY AIA #2006

City

INDIAN HARBOUR BEACH

FL

Zip Code

32937

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

05/15/02

FEE IS \$61.25

Initial or Amended UBR

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
**DGP
HERREN, J.S.
1941 NWY AIA #403
INDIAN HARBOUR BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
HERREN, J. SCOTT
521 MAJORICA CT.
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DR. McMANIOUS
1538 MCADOO DR.
SATELLITE MARIETTA, GA 30061**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DTS
KALEMBER, MIKE
2040 NWY AIA #2006
INDIAN HARBOUR BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOLLY STURGEON
781 TIMBER LANE
INDEPENDENCE, KY 41051**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASSIST. SEC.
NICOLE HERREN
650 BELLEMEADE DR.
MARIETTA, GA 30008**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/02

Date

Daytime Phone #

**(321)
777-9000 x15**

CR2E037B (12/01)