

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

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90128 027 ***550.00

DOCUMENT # H74669
1. Entity Name
WE SHELTER AMERICA Inc. (P)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 Land-O-Lakes Blvd
Suite, Apt. #, etc.

3. Mailing Address
3600 Land-O-Lakes Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Land-O-Lakes Fl.
Zip
34639
Country
PASCO

City & State
Land-O-Lakes F.
Zip
34639
Country
PASCO

4. FEI Number
59-2608835
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Donald W. McQuaid
Street Address (P.O. Box Number is Not Acceptable)
1409 Wildrose Dr
City
Lutz FL Zip Code
33549

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres. - Owner Donald W. McQuaid 1409 Wildrose Dr. Lutz, Fl. 33549</u>
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IN THIS SPACE**

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowerment.

SIGNATURE: Donald W. McQuaid 7.15.02 813.949-4228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #