FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **J00826** 1. Entity Name 04-18-2000 90180 007 ***150.00 SHELTER KEY, INC. Principal Place of Business Mailing Address 581 8TH ST. 581 8TH ST. 940394 P.O. BOX 1 P.O. BOX 1 KEY COLONY BEACH FL 33051 KEY COLONY BEACH FL 33051 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0031166 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, E. VICTORIA Street Address (P.O. Box Number is Not Acceptable) 581 8TH ST. P O BOX 191 **KEY COLONY BEACH FL 33051** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 🖒 Change ☐ Delete TITLE TITLE PDT PDT COOK, VICTORIA E NAME NAME STREET ADDRESS STREET ADDRESS 581-8TH STREET CITY-ST-ZIP CITY-ST-ZIP KEY COLONY BEACH FL ☐ Delete TITLE TITLE NAME NAME SHANER, SARAH G STREET ADDRESS STREET ADDRESS 231 2ND STREET CITY-ST-ZIP CITY-ST-ZIE KEY COLONY BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

Delete

☐ Addition

Change

CR2E034 (9/99)