

# 2001 UNIFORM BUSINESS REPORT (UBR)

Amended  
REMOVED  
AND  
FILED

DOCUMENT # J97528

1. Entity Name

SHELTER SYSTEMS, INC.

01 APR -4 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1503 POE ST.  
INVERNESS, FL.  
U.S.

Mailing Address

1503 POE ST  
INVERNESS, FL.  
U.S.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2849431

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRICK, KAREN A.  
3756 S. SPRINGBREEZE WAY  
HOMOSASSA SPRINGS, FL. 34447

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.

SIGNATURE

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS DELEON ELIAZAR JR  
CITY-ST-ZIP 1503 POE ST.  
INVERNESS, FL 34450

☐ Change ☐ Addition  
NAME 500003959045--5  
STREET ADDRESS -04/04/01--01065--018  
CITY-ST-ZIP \*\*\*\*\*1.25 \*\*\*\*\*1.25

TITLE ☐ Delete  
NAME VICE-PRESIDENT  
STREET ADDRESS ELIAZAR ELISHA DELEON  
CITY-ST-ZIP 1503 POE ST.  
INVERNESS, FL 34450

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SEC. & TREASURE  
STREET ADDRESS DAWN E. DELEON  
CITY-ST-ZIP 1503 POE ST.  
INVERNESS FL.

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DIRECTOR  
STREET ADDRESS LARRY SCHROEDER  
CITY-ST-ZIP 803 HERMIT RD,  
WESTLIFFE, COLORADO 81252

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

Daytime Phone #

CR2E034 (11/00)