

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

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 008 ***150.00

DOCUMENT # *M 73540*
1. Entity Name
SHELTERED ASSETS INC. ✓

DO NOT WRITE IN THIS SPACE

823242

2. Principal Place of Business
2425 NW 55th COURT
Suite, Apt. #, etc.
HANGAR 20 WEST
City & State
FT LAUDERDALE
Zip
33309

3. Mailing Address
P.O. Box 9886
Suite, Apt. #, etc.
City & State
FT LAUDERDALE
Zip
33310

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
65-0102535

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent
Name
ROBERT C SMITH JR
Street Address (P.O. Box Number is Not Acceptable)
2035 Cove LAKE Road
City
N LAUDERDALE FL Zip Code
33068

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 *Robert C Smith DR* *Robert C Smith Jr* *2-1-02*
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)

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	<i>D Robert C Smith 2035 Cove LAKE Road N LAUDERDALE, FL 33068</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 empowered.

SIGNATURE: *Robert C Smith* *2-1-02* *954 771-2502*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)