2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800003046

1. Entity Name

SACRED SHELTERS, INC.

Principal Place of Business

10704 FERN HILL DR.
RIVERVIEW FL 33569

10704 FERN HILL DR.
RIVERVIEW FL 33569

2. Principal Place of Business

10704 FERN HILL DR.
RIVERVIEW FL 33569

3. Mailing Address

10704 FERN Hill DR.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90194 012 ****61.25



3 3569 USA 33569 6. Name and Address of Current Registered Agent Name SPITLER, LINDA S 10704 FERN HILL DR. RIVERVIEW FL 33569	Applied For Not Applicable Additional uired
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SPITLER, LINDA S 10704 FERN HILL DR. RIVERVIEW FL 33569 Signature, typed or printed name of registered agent and title if applicable. File NOW: FEE IS \$61.25 Country USA Street Address of Status Desired \$8.75 Fee Req. 7. Name and Address of New Registered Agent Name Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Street Address (P.O. 8ox Number is Not Acceptable) DATE FILE NOW: FEE IS \$61.25 Pilection Campaign Financing Trust Fund Contribution. DATE Added to Fees Make Check Payable Department of Status Country USA 5. Certificate of Status Desired \$8.75 Fee Req. 7. Name and Address of New Registered Agent Name Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Total Country Street Address of New Registered Agent Name Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Street Address of New Registered Agent Name Street Address of New Registered Agent Name Name Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Street Address (P.O. 8ox Number is Not Acceptable) City FL Zip C Street Address (P.O. 8ox Number is Not Acceptable) Name Street Address of New Registered Agent Name Name Street Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Name	uired
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SPITLER, LINDA S 10704 FERN HILL DR. RIVERVIEW FL 33569 City FL Zip C 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 FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Code
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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 Block 11 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

Feb. 14, 2000 813-671-2537

CR2E037 (9/99)