

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005873

1. Entity Name

SHELTER RENEW, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90009 015 ****61.25

Principal Place of Business

1120 E. SEMORAN BLVD.
 APOPKA FL 32703

Mailing Address

1120 E. SEMORAN BLVD.
 APOPKA FL 32703

2. Principal Place of Business

405 Blue Bird St.

3. Mailing Address

3400 Jericho Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL.

City & State

Apopka, FL.

4. FEI Number

59-3537143

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REINKE, KEVIN K
 3400 JERICHO PLACE
 APOPKA FL 32712

7. Name and Address of New Registered Agent

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 Kevin K. Reinke - President

9/8/00

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REINKE, KEVIN K	
STREET ADDRESS	3400 JERICHO PLACE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	REINKE, FRANK O	
STREET ADDRESS	445 DORADO DR.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONROE, FRANK R	
STREET ADDRESS	4405 TIERRA VERDE PLACE	
CITY-ST-ZIP	ELKTON FL 32033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reinke, Geri M	
STREET ADDRESS	3400 Jericho Place	
CITY-ST-ZIP	Apopka, FL. 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Kevin K. Reinke - President

9/8/00

407-886-7374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)