

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91300 045 ***150.00

DOCUMENT # P00000092315

1. Entity Name
STORM SHELTER, INC.

Principal Place of Business Mailing Address
360 W MICHIGAN AVE **360 W MICHIGAN AVE**
DELAND FL 32720 **DELAND FL 32720**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
310 N DELAWARE AV. **310 N. DELAWARE AV.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DELAND, FL. **DELAND, FL.**

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country
32720 **FLORIDA** **32720** **FLORIDA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHELAN, FRANK
360 W MICHIGAN AVE
DELAND FL 32720

Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
310 N. DELAWARE AV.
 City **DELAND** State **FL** Zip Code **32720**

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 *Frank Phelan* **FRANK PHELAN** DATE **APRIL 30 2001**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	D <input type="checkbox"/> Delete
NAME	PHELAN, FRANK
STREET ADDRESS	360 W MICHIGAN AVE 310 N. DELAWARE, AV.
CITY-ST-ZIP	DELAND FL 32720
TITLE	D <input type="checkbox"/> Delete
NAME	COBB, JEFF
STREET ADDRESS	1871 MAUREEN DR
CITY-ST-ZIP	DELTONA FL 32738
TITLE	D <input type="checkbox"/> Delete
NAME	HULL, ARTHUR
STREET ADDRESS	1550 FIRST AVE
CITY-ST-ZIP	DELAND FL 32724
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SEALS, JACK
STREET ADDRESS	2545 CHESTERFIELD CT
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	D <input type="checkbox"/> Delete
NAME	LILLY, TODD
STREET ADDRESS	P O BOX 470434
CITY-ST-ZIP	LAKE MONROE FL 32747
TITLE	<input type="checkbox"/> Delete
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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank Phelan* **FRANK PHELAN** DATE **APRIL 30 2001** DAYTIME PHONE # **904 740-1744**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (10/00)