

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092315

1. Entity Name
STORM SHELTER, INC.

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

05-17-2001 91300 045 ***150.00

Principal Place of Business

Mailing Address

360 W MICHIGAN AVE
DELAND FL 32720

360 W MICHIGAN AVE
DELAND FL 32720

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2. Principal Place of Business

3. Mailing Address

310 N DELAWARE AV.

310 N. DELAWARE AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELAND, FL.

City & State
DELAND, FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip
32720

Country
VOLUSIA

Zip
32720

Country
VOLUSIA

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

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

APRIL 30 2001

(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 D
STREET ADDRESS PHELAN, FRANK
CITY-ST-ZIP 360 W MICHIGAN AVE 310 N. DELAWARE, AV.
DELAND FL 32720

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

TITLE ☐ Delete
NAME D
STREET ADDRESS COBB, JEFF
CITY-ST-ZIP 1871 MAUREEN DR
DELTONA FL 32738

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HULL, ARTHUR
CITY-ST-ZIP 1550 FIRST AVE
DELAND FL 32724

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

TITLE ☒ Delete
NAME D
STREET ADDRESS SEALS, JACK
CITY-ST-ZIP 2545 CHESTERFIELD CT
TITUSVILLE FL 32780

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LILLY, TODD
CITY-ST-ZIP P O BOX 470434
LAKE MONROE FL 32747

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *Frank Phelan* FRANK PHELAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30 2001

Date

Daytime Phone #

904

740-17442

CR2E034 (10/00)