


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90850 034 ***150.00

DOCUMENT # P01000070498	
1. Entity Name SHELTER REALTY, INC.	

Principal Place of Business P.O. BOX 1826 NAPLES FL 34106	Mailing Address 3936 TAMiami TRAIL NORTH SUITE B NAPLES FL 34103
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1121349	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
VOGEL, JAMES D 3936 TAMiami TRAIL NORTH SUITE B NAPLES FL 34102

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
DP	CARLSON, GARRETT G SR
STREET ADDRESS	3936 TAMiami TRAIL NORTH, SUITE B
CITY-ST-ZIP	NAPLES FL 34103
<input type="checkbox"/> Delete	
TITLE	NAME
S	VOGEL, JAMES D
STREET ADDRESS	3936 TAMiami TRAIL NORTH, SUITE B
CITY-ST-ZIP	NAPLES FL 34103
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 607, 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: 	DATE 2-18-03	DAYTIME PHONE # 239-222-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)