# FILED
# Apr 24, 2002 8:00 am
# Secretary of State

04-24-2002 90377 038 ***158.75

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088546

1. Entity Name

Shelton Corporation

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3170 SE Gran Park Way | P.O. Box 4087 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Stuart FL | City & State: Enterprise FL |
| Zip: 34997 Country: U.S.A. | Zip: 32725-0087 Country: U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0873274 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Fox, M. Lanning

Street Address (P.O. Box Number is Not Acceptable): 1100 South Federal Highway

City: Stuart FL Zip Code: 34994

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 _____ DATE

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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE | CD |
| NAME | Shelton, R. Douglas |
| STREET ADDRESS | 3018 SE Driftwood |
| CITY-ST-ZIP | Stuart FL 34997 |
| TITLE | PTSD |
| NAME | Shelton Ayman, Carol |
| STREET ADDRESS | 1328 Sioux Tr. |
| CITY-ST-ZIP | Enterprise FL 32725 |
| TITLE | D |
| NAME | Scott Cooley |
| STREET ADDRESS | 1740 E. Rosewood Court |
| CITY-ST-ZIP | Vero Beach, FL 32966 |
| TITLE | |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Shelton Aymar President
Carol S. Aymar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-02
Date

407-324-3101
Daytime Phone #