

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000422

Entity Name: SHELTER BOX USA, INC.**Current Principal Place of Business:**101 INNOVATION PLACE
SANTA BARBARA, CA 93150**Current Mailing Address:**PO BOX 5055
SANTA BARBARA, CA 93150 US**FEI Number:** 20-0471604**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MURRAY, KERRI
Address	8374 MARKET ST. #203
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	TREASURER
Name	SKINNER, MARLISE
Address	8374 MARKET ST. #203
City-State-Zip:	LAKEWOOD RANCH FL 34202

Title	SECRETARY
Name	JAN, REED
Address	8374 MARKET ST. #203
City-State-Zip:	LAKEWOOD RANCH FL 34202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KERRI MURRAY

PRESIDENT

04/11/2022

Electronic Signature of Signing Officer/Director Detail_____
Date