

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

004172

03-08-2001 90070 030 \*\*\*\*61.25

**DOCUMENT # N35834**  
**1. Entity Name**  
**PALM HAVEN HOUSE INC.**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>400 S. DIXIE HIGHWAY SUITE #17 LAKE WORTH FL 33460</b>	<b>3435 LAKE WORTH RD SUITE #17 LAKE WORTH FL 33461 US</b>

<b>2. Principal Place of Business</b> 3435 Lake Worth Rd	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Lake Worth, FL	<b>City &amp; State</b>
<b>Zip</b> 33461	<b>Country</b> USA

<b>4. FEI Number</b> 65-0169479	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**ISABELL, SANDRA M**  
**3435 LAKE WORTH ROAD**  
**LAKE WORTH FL 33461**

**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.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
FEE IS \$61.25**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ISABELL, SANDRA M</b> <b>3435 LAKE WORTH ROAD</b> <b>LAKE WORTH FL 33461</b>	<input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KLING, PEARL</b> <b>23443 MARIBELLA CIR. SO.</b> <b>BOCA RATON FL</b>	<input checked="" type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DRAPER, JEAN H</b> <b>140 MONROE DRIVE</b> <b>W. PALM BEACH FL</b>	<input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLING, AL</b> <b>23443 MARIBELLA CIR. SO.</b> <b>BOCA RATON FL</b>	<input checked="" type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOOM, HARRIET</b> <b>5100 PINEVIEW CIR</b> <b>DELRAY BEACH FL 33445</b>	<input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Rhoda Heitzbeeg</b> <b>5010 Pineview Cir</b> <b>DeLray Beach, FL 33445</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President +</b> <b>Lee Shaw</b> <b>251 Oakview Dr</b> <b>DeLray Beach, FL 33445</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

**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 617, 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:** *[Signature]* **3-5-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)