## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 05, 2002 8:00 am Secretary of State DOCUMENT # 455028 1. Entity Name 02-05-2002 90146 037 \*\*\*150.00 A CHILD'S HAVEN, INC. Principal Place of Business Mailing Address 1945 SW 31ST AVE 1945 SW 31ST AVE OCALA FL 34474 OCALA FL 34474 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-1544794 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Strom eresa CLEMENTS, KAY Street Address (P.O. Box Number is Not Acceptable) 1001 NE 39TH CT Surset Harbor Rd E35 OCALA FL 34470 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **Addition** ice President. TITLE TITLE Delete onn Jacobsmith NAME NAME CLEMENTS, KAY SW 129th Terrace Road STREET ADDRESS STREET ADDRESS **3741 S E 22ND PLACE** CITY-ST-7IP CITY-ST-ZIP OCALA FL nnellonite ☐ Addition President TITLE ☐ Delete TITLE President STROM, THERESA K. NAME NAME Teresak strom STREET ADDRESS STREET ADDRESS 1520 BRENTWOOD HILLS BLVD CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

Date

FILED