

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90043 006 \*\*\*\*61.25

**DOCUMENT # 760493**

1. Entity Name

**SUN HAVEN, INC.**

Principal Place of Business

1127 SOUTH FEDERAL HWY.  
APT. 203  
LAKE WORTH FL 33460

Mailing Address

1726 W TERRACE DR  
LAKE WORTH FL 33460  
US

2. Principal Place of Business

3. Mailing Address

**5112 ARBOR GLEN CIR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**LAKE WORTH**

Zip

Country

Zip

**33463**

Country

**FL**

4. FEI Number

**59-2197735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKE, JOHN E.**  
**1425 LUCERNE AVENUE**  
**LAKE WORTH FL 33460**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME WILLIAMSON, EBBA  
STREET ADDRESS 1127 S FEDERAL HIGHWAY #203  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME TEFFS, KENNETH  
STREET ADDRESS 1127 S FEDERAL HIGHWAY #204  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete  
NAME ~~KOSKINEN, YRJO~~  
STREET ADDRESS ~~1127 S. FEDERAL HWY, #104~~  
CITY-ST-ZIP ~~LAKE WORTH FL~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~S~~ ☒ Delete  
NAME ~~KOMSTO, MONICA~~  
STREET ADDRESS ~~1127 S FEDERAL HWY 103~~  
CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

TITLE **S** ☐ Change ☒ Addition  
NAME **NYHOLM KANS**  
STREET ADDRESS **1127 S. FEDERAL HWY, # 201**  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME TEFFS, JASON  
STREET ADDRESS 1127 S FEDERAL HWY 104  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete  
NAME ~~KOSKUBWD, SIEKKA~~  
STREET ADDRESS ~~1127 S FEDERAL HWY #102~~  
CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

TITLE **D** ☐ Change ☒ Addition  
NAME **KAATAJA LAURI**  
STREET ADDRESS **1127 S FEDERAL HWY #202**  
CITY-ST-ZIP

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:

*EBBA WILLIAMSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/01

CR2E037 (10/00)