

2002 UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-26-2002 90134 023 ****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

5112 ARBOR GLEN CIRCLE
LAKE WORTH FL 33403
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, FL

Zip

Country

Zip

33463

Country

US

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

MARKER, JOHN E.
1425 LUCERNE AVENUE
LAKE WORTH FL 33460

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

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

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

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

TITLE ☒ ~~VP~~ ☒ Delete
NAME ~~WILLIAMSON, EBBA~~
STREET ADDRESS ~~1127 S FEDERAL HIGHWAY #203~~
CITY-ST-ZIP ~~LAKE WORTH FL 33460~~

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

TITLE ☒ D
NAME **KAATAJA, LAURI** ☐ Delete
STREET ADDRESS **1127 S FEDERAL HWY #202**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ S, D ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, president 1/25/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)