

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90043 003 ****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 33463
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2197735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARKE, 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, EBBA	
STREET ADDRESS	1127 S FEDERAL HIGHWAY #203	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TEFFS, KENNETH	
STREET ADDRESS	1127 S FEDERAL HIGHWAY #204	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TEFFS, JASON	
STREET ADDRESS	1127 S FEDERAL HWY 104	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAATAJA, LAURI	
STREET ADDRESS	1127 S FEDERAL HWY #202	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSKINEN, SIRKKA	
STREET ADDRESS	1127 S FEDERAL HWY # 102	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	V.D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYHOLM, KANS	
STREET ADDRESS	1127 S FEDERAL HWY #201	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	T.S.D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD WILLIAM	
STREET ADDRESS	1127 S FEDERAL HWY # 103	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAATAJA LAURI	
STREET ADDRESS	1127 S FEDERAL HWY # 202	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOSKINEN YRJO	
STREET ADDRESS	1127 S FEDERAL HWY # 104	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Signature 4-27-03

CR2E037 (10/02)