2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
09-06-2001 90244 047 ****61.25

DOCUMENT # N00000006729

1. Entity Name

SAFE HAVEN, INC.

Principal Place of Business	Mailing Address
4669 PETRA CIRCLE PENSACOLA FL 32526	4669 PETRA CIRCLE PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5847 GRANDE LAGOON Suite, Apt. #, etc.	5847 Grande Lagoon Blvd Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32507 Country: Escambia	Zip: 32507 Country: Escambia

4. FEI Number 59-3676159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEAD, SUSAN M
~~4669 PETRA CIRCLE~~ 5847 Grande Lagoon Blvd
~~PENSACOLA FL 32526~~ Pensacola, FL. 32507

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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEAD, SUSAN 4669 PETRA CIRCLE PENSACOLA FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOYER, RUSSELL 4017 MALTESE WAY PENSACOLA FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUDDUTH, WILLIAM M 16470 PERDIDO KEY DR., #33D PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUDDUTH, JANET M 16470 PERDIDO KEY DR., #33D PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUGHMAN, JEFFREY 932 EISENBERGER RD. STRASBURG PA 17579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JOSEPH 231 STONEFIELD CIRCLE MACON GA 31216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

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 8/27/01 850-458-2156