2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006729

1. Entity Name

PENSACOLA FL 32526

FILED Sep 06, 2001 8:00 am Secretary of State

09-06-2001 90244 047 ****61.25

SAFE HAVEN, INC.		(
Principal Place of Business	Mailing Address	
4669 PETRA CIRCLE	4869 PETRA CIRCLE	

2. Principal Place of Business

5847 GRANDE LAGOON 5847 GRANDE LAGOON Suite, Apt. #, etc.

3. Mailing Address

5847 GRANDE LAGOON Suite, Apt. #, etc.

PENSACOLA FL 32526



Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	Ola FL	Pensacola	FL	4. FEI Number		76159	Applied For Not Applicable		
Zip 3250	Country Esambia	^{Zip} 32527	Coun	mbia_	5. Certificate of Status Desired			75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				-Name					
MEAD, SUSAN M				Street Address (P.O. Box Number is Not Acceptable)					
	TA CIRCLE 5841 Gram	ae rayoon giv	/a_		-	<u> </u>			
HEAD, SUSAIN M 4009 PETRA CIRCLE 5847 Grande Lagron Blud PENSACOLA FL 32526 PENSACOLA, FL 32507			-	City FL Zip Code					
P. The above				Loffice or regi	stored agent or heath in th		<u> </u>		
o, the above	named entity submits this statement for .	the purpose of changing it	is registered	ronice or regis	stered agent, or both, in the	ie state of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NO	TE: Registered /	agent signature requ	uired when reinstating)	DATE			
	-	1							
j	FILE NOW: FEE IS \$61.25	9. Election Ca	ampaign Fin	ancing	\$5.00 May Be	Make Check	Pavable ¹	to	
After September 12, 2001, min. will be \$236.25 Trust Fund Contribu			Contributio	n. 🗆	Added to Fees	Departmen	•		
10.	OFFICERS AND DIRE	-CTORS	11.	 	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	
TITLE	D ST TOLETO AND DITE	☐ Delete	TITLE		ADDITIONS) OF ANGE	3 TO OFFICERS AND DIR	☐ Change	☐ Addition	
NAME	MEAD, SUSAN		NAME						
STREET ADDRESS	4669 PETRA CIRCLE			ADDRESS				- }	
CITY-ST-ZIP	PENSACOLA FL 32526		CITY-S	T-ZIP					
TITLE	D Moyer, Russell	Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	4017 MALTESE WAY		NAME STREET	ADDRESS				}	
CITY-ŜT-ZIP - €	PENSACOLA FL 32507	terrande de la company		T-ZIP ====================================	Jan Carry Comment	The company of some control	- ~:	·_* .	
TITLE	D	☐ Delete	TITLE				Change	Addition	
NAME	SUDDUTH, WILLIAM M		NAME					`	
STREET ADDRESS	16470 PERDIDO KEY DR., #33D		1	ADDRESS				1	
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-S	r-zip			_		
TITLE	D SUDDUTH, JANET M	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	16470 PERDIDO KEY DR., #33D		NAME STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-S						
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	BAUGHMAN, JEFFREY		NAME						
STREET ADDRESS	932 EISENBERGER RD.			ADDRESS				j	
CITY-ST-ZIP	STRASBURG PA 17579		CITY-S	T- ZIP					
TITLE	D DODINGON IOCEDII	Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	ROBINSON, JOSEPH 231 STONEFIELD CIRCLE		NAME	ADDRESS					
CITY-ST-ZIP	MACON GA 31216		CITY-S	ADDRESS 1-zip					
	certify that the information supplied with the	nie filing does not qualify fo			Section 110 07/3\(i) Flori	de Ctatutae I further norti	. that tha in	formation	

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:

SIDULTUIFM RYMLURED

8/27/01 850-458-2151