

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006729

1. Entity Name

SAFE HAVEN, INC.

Principal Place of Business

5847 GRANDE LAGOON BLVD  
PENSACOLA FL 32507

Mailing Address

5847 GRANDE LAGOON BLVD  
PENSACOLA FL 32507

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

MEAD, SUSAN M

5847 GRANDE LAGOON BLVD  
PENSACOLA FL 32507

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 D ☐ Delete  
NAME MEAD, SUSAN  
STREET ADDRESS 4669 PETRA CIRCLE  
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE D ☐ Delete  
NAME SUDDUTH, WILLIAM M  
STREET ADDRESS 16470 PERDIDO KEY DR., #33D  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE D ☐ Delete  
NAME SUDDUTH, JANET M  
STREET ADDRESS 16470 PERDIDO KEY DR., #33D  
CITY-ST-ZIP PENSACOLA FL 32507

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

TITLE D ☐ Delete  
NAME BAUGHMAN, JEFFREY  
STREET ADDRESS 932 EISENBERGER RD.  
CITY-ST-ZIP STRASBURG PA 17579

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

TITLE D ☐ Delete  
NAME ROBINSON, JOSEPH  
STREET ADDRESS 231 STONEFIELD CIRCLE  
CITY-ST-ZIP MACON GA 31216

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

TITLE ☐ Delete  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

850-497-1031

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)