

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90969 019 ****61.25

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

3. Mailing Address

PO Box 36053

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

Country

Zip

Country

32516

Ecuador

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

SIGNATURE

Susan M. Mead

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

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

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 **Sudduth, William**
STREET ADDRESS **9050 Caribbean Dr.**
CITY-ST-ZIP **Pensacola, FL 32506**

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

TITLE ☐ Change ☐ Addition
NAME **Sudduth, Janet M**
STREET ADDRESS **9050 Caribbean Dr.**
CITY-ST-ZIP **Pensacola, FL 32506**

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:

Susan M. Mead

4/25/03

CR2E037 (10/02)