

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90226 010 ***150.00

DOCUMENT # NO30000000651

1. Entity Name

KONA'S HAVEN, INC., FLORIDA LABRADOR RETRIEVER (next line please)
 FLORIDA LABRADOR Retriever Rescue

Principal Place of Business

1887 S E HARRISON STREET
 STUART FL 34997

Mailing Address

1887 S E HARRISON STREET
 STUART FL 34997

*2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3061

Suite, Apt. #, etc.

City & State

Stuart, FL

4. FEI Number

65-1043986

Applied For

Not Applicable

Zip

Country

Zip

Country

34995

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EBRIGHT, SHERI
 1887 S E HARRISON STREET
 STUART FL 34997

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.

(NOT)

Registered Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW !! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EBRIGHT, SHERI	
STREET ADDRESS	1887 S E HARRISON STREET	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EBRIGHT, CHRIS	
STREET ADDRESS	1887 S E HARRISON STREET	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERI L. Ebright

4/25/01

Daytime Phone #

561-223-7701

CR2E034 (10/00)