

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 8:00 am**
Secretary of State

04-12-2001 90545 026 ****70.00

0012287

DOCUMENT # N98000006499

1. Entity Name

CARE HAVEN SERVICE INC.

Principal Place of Business

**9885 LEM TURNER RD
SUITE 1
JACKSONVILLE FL 32208**

Mailing Address

**8051 WAXWING AVENUE
JACKSONVILLE FL 32219**

2. Principal Place of Business

5133 Soutel Dr.

3. Mailing Address

8051 Waxwing Ave.

Suite, Apt. #, etc.

2 Box 4

Suite, Apt. #, etc.

City & State

Jacksonville, Fl. 32208

City & State

Jacksonville, Fl.

4. FEI Number

59-3543549

Applied For

Not Applicable

Zip

32208

Country

Duval

Zip

32219

Country

Duval5. 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

**JONES, SUSIE E
8051 WAXWING AVENUE
JACKSONVILLE FL 32219**

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

Susie E. Jones

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-01**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, SUSIE E
5111 FOXBORO ROAD
JACKSONVILLE FL 32208** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROBINSON, RUTH
5947. FINCH AVE
JACKSONVILLE FL 32219** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Emma Jean Linder
431 Chestnut Dr.
Jacksonville, Fl. 32208** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MONROE, CAROL
385 PERTSHIRE DR
ORANGE PARK FL 32073** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIVINGTON, ERTA
995 BILLYVILLE RD
WOODBINE GA 31569** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

4-10-01 (904) 764-0206

Date Daytime Phone #

CR2E037 (10/00)