2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P00000000108

Entity Name: SAFE HAVEN HOMES FOR THE ELDERLY INC.

Current Principal Place of Business:

295 NAHKODA DR.
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

295 NAHKODA DR.
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 65-0970698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, OLGA C
295 NAHKODA DR.
MIAMI SPRINGS, FL 33166

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAWSON, OLGA C
Address: 295 NAHKODA DR.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: PROBIN, KIMBERLY J
Address: 820 SW 118 TERR.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLGA LAWSON D 04/29/2003

Electronic Signature of Signing Officer or Director — Date