

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90302 039 \*\*\*150.00

0502685  
 AV

**DOCUMENT # P00000086580**

1. Entity Name  
**IRENA INC.**

Principal Place of Business

**4609 BAYSHORE DR  
 APT N-8  
 NAPLES FL 34112**

Mailing Address

**4609 BAYSHORE DR  
 APT N-8  
 NAPLES FL 34112**

2. Principal Place of Business

**941 TIERRA LAGO Way  
 Suite, Apt. #, etc.  
 NAPLES, FL.  
 City & State**

3. Mailing Address

**941 TIERRA LAGO Way  
 Suite, Apt. #, etc.  
 NAPLES, FL.  
 City & State**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3717141**  
**APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KOLOBOVA, IRINA  
 460G BAYSHORE DR. N 8  
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

**IRINA HAVENS  
 Street Address (P.O. Box Number is Not Acceptable)  
 941 TIERRA LAGO Way  
 City NAPLES FL Zip Code 34119**

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 **I. Havens / Irina Havens / president**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KOLOBOVA, IRINA</b>	
STREET ADDRESS	<b>460G BAYSHORE DR. N 8</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IRINA HAVENS</b>	
STREET ADDRESS	<b>941 TIERRA LAGO Way</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 as 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: **I. Havens / Irina Havens /** **3/3/02** **941-354-0933**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

941 TIERRA LAGO WAY  
NAPLES FL 34119

Attachment of Doc# P00000086580  
B004355

Department of Health • Vital Statistics  
**STATE OF FLORIDA**  
**MARRIAGE RECORD**

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

\*\*\* 2825220 OR: 2857 PG: 2254 \*\*\*

RECORDED in OFFICIAL RECORDS of COLLIER COUNTY, FL  
07/11/2001 at 11:39AM DWIGHT B. BROCK, CLERK  
RRC FBH 6.00

Retn:

GARRY R HAVENS  
941 TIERRA LAGO WAY  
NAPLES FL 34119

01-0938

(APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>GARRY ROYCE HAVENS</b>			2. DATE OF BIRTH (Month, Day, Year) <b>JULY 23, 1948</b>	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>		3b. COUNTY <b>COLLIER</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>HAWAII</b>
5a. BRIDE'S NAME (First, Middle, Last) <b>IRINA VIKTOROVNA KOLOBOVA</b>			5b. MAIDEN SURNAME (if different) <b>KURCHENKOVA</b>	
6. DATE OF BIRTH (Month, Day, Year) <b>AUGUST 24, 1962</b>		7. BIRTHPLACE (State or Foreign Country) <b>RUSSIA</b>		
8a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>		8b. COUNTY <b>COLLIER</b>	8c. STATE <b>FLORIDA</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Garry Royce Havens</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>JUNE 26, 2001</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK OF THE CIRCUIT COURT</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Dolores A. Shab</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Irina Viktorovna Kolobova</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>JUNE 26, 2001</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK OF THE CIRCUIT COURT</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Dolores A. Shab</i>	

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>COLLIER</b>	18. DATE LICENSE ISSUED <b>JUNE 26, 2001</b>	19a. DATE LICENSE EFFECTIVE <b>JUNE 29, 2001</b>	19b. EXPIRATION DATE <b>AUGUST 27, 2001</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Dolores A. Shab</i>		20b. TITLE <b>DEPUTY CLERK</b>	20c. BY D.C. <i>Leo</i>

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>July 7, 2001</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Naples, FL</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Grant Thigpen</i>		23b. ADDRESS (Of person performing ceremony) <b>7675 Davis Blvd.</b>	
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>Grant Thigpen Pastor, New Hope Ministries</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Yuliyas Pichera</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Mary</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

State of FLORIDA  
County of COLLIER

I HEREBY CERTIFY THAT this is a true and correct copy of a document recorded in the OFFICIAL RECORDS of Collier County. WITNESS my hand and official seal this date July 13, 2001

DWIGHT B. BROCK, CLERK OF CIRCUIT COURT