

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90336 013 ***150.00

DOCUMENT # P00000115461

1. Entity Name
THE HAVEN TEA ROOM & GIFT SHOPPE, INC.

Principal Place of Business
4657 SOUTH FRIDAY CIRCLE
COCOA FL 32926

Mailing Address
4657 SOUTH FRIDAY CIRCLE
COCOA FL 32926

2. Principal Place of Business
602 BREVARD AVE, COCOA
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
COCOA, FL

City & State

4. FEI Number
58-2591004

Applied For
 Not Applicable

Zip
32922

Country
USA

Zip
 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONDON, GERALDINE M
4657 SOUTH FRIDAY CIRCLE
COCOA FL 32926

7. Name and Address of New Registered Agent

XX CHANGE OF ADDRESS XX
 Street Address (P.O. Box Number is Not Acceptable)
602 BREVARD AVE
 City **COCOA** FL Zip Code **32922**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **D KORONA, JENNIFER A**
 STREET ADDRESS **4657 SOUTH FRIDAY CIRCLE**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
 NAME **D CONDON, GERALDINE M**
 STREET ADDRESS **4657 SOUTH FRIDAY CIRCLE**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
 NAME **D DUGAN, KATRINA M**
 STREET ADDRESS **4657 SOUTH FRIDAY CIRCLE**
 CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED GERALDINE M. CONDON

321-631-0633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/9/02**

Daytime Phone #

CR2E034 (4/02)

Attachment #
B0131488

THE HAVEN TEA ROOM & GIFT SHOPPE

602 Brevard Avenue

Cocoa, FL 32922

(321) 631-0633; Fax (321) 631-0544

July 20, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: FEI Number: 58-2591004

Dear Sir:

Enclosed is the 2002 Uniform Business Report (UBR) – Document # P00000115461 –
for The Haven Tea Room & Gift Shoppe along with check # 1646 for \$150.

As we received no prior notice, request the late fee be waived.

Sincerely,



GERALDINE M. CONDON
President/Registered Agent