2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am
Secretary of State
05-29-2002 90688 045 ***150.00

DOCUMENT # P01000115352

1. Entity Name
HAVEN ENTERPRISES, INC.

Principal Place of Business
5401 CENTRAL AVE
ST PETERSBURG FL 33710

Mailing Address
5401 CENTRAL AVE
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1753 A1A Hwy.
Suite, Apt. #, etc.
City & State
Satellite Beach, FL
Zip
32937
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
Applied For
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCATEE, CAROL
ACCOUNTING CONSULTANTS
5401 CENTRAL AVENUE
ST PETERSBURG FL 33710

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 (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	Director	☐ Delete
NAME	Shane Franklin	
STREET ADDRESS	1753 A1A. Hwy.	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	Director	☐ Delete
NAME	Davina Franklin	
STREET ADDRESS	1753 A1A Hwy.	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MASH Hoegies	☐ Change ☐ Addition
NAME	225 W HIBISCUSS BLVD	
STREET ADDRESS	MELBOURNE FL 32901	
CITY-ST-ZIP		
TITLE	MASH Hoegies	☐ Change ☐ Addition
NAME	225 W HIBISCUSS BLVD	
STREET ADDRESS	MELBOURNE FL 32901	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: D Franklin S Franklin 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DAVINA F FRANKLIN SHANE FRANKLIN

FEB-21-02 THU 11:55 AM ACCOUNTING CONSULTANTS FAX NO. 17273271995 P. 03