

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90179 034 ***150.00

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DOCUMENT # **P01000119564**

1. Entity Name
J HAVEN, INC.



Principal Place of Business
**7412 SPYGLASS HILL RD
MELBOURNE FL 32940**

Mailing Address
**7412 SPYGLASS HILL RD
MELBOURNE FL 32940**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0000140**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. 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

~~HAVETT, JODIE~~
~~4412 SPYGLASS HILL ROAD~~
~~MELBOURNE FL 32940~~

HAVEN, JODIE
7412 SPYGLASS HILL RD

Name **Jodie Haven**

Street Address (P.O. Box Number is Not Acceptable)

7412 Spyglass Hill Rd

City **Melbourne** FL **32940**

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

Jodie Haven

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPST**
STREET ADDRESS **HAVEN, JODIE**
CITY-ST-ZIP **7412 SPYGLASS HILL RD**
MELBOURNE FL 32940

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jodie Haven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jodie Haven

2/20/03

Date

(321)

253-1028
Daytime Phone #

CR2E034 (10/02)