

FILED
May 23, 2003 8:00 am
Secretary of State

04-30-2003 90069 023 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029330

1. Entity Name
HAVEN INTERIORS CONSULTING DESIGN, INC.



55043440



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
6260 KEY BISCAYNE BOULEVARD
FORT MYERS FL 33908

Mailing Address
6260 KEY BISCAYNE BOULEVARD
FORT MYERS FL 33908

2. Principal Place of Business

17431 Allico Center Road

3. Mailing Address

17431 Allico Center Road

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

504-3608184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SCHUMANN, RAYMOND L
13141 MCGREGOR BOULEVARD
SUITE 9
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

27200 Riverview Center Boulevard

Suite 103

City

Bonita Springs

FL

Zip Code

34134

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

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

TITLE PD
NAME CASE, HAVEN M
STREET ADDRESS 6260 KEY BISCAYNE BOULEVARD
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE VT
NAME CASE, DAVID L
STREET ADDRESS 6260 KEY BISCAYNE BOULEVARD
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 17431 Allico Center Road, Suite 2
STREET ADDRESS Fort Myers, FL 33912 ☒ Change ☐ Addition

TITLE
NAME 17431 Allico Center Road, Suite 2
STREET ADDRESS Fort Myers, FL 33912 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 252437020

CP2F034 (10/02)