FILED
Apr 22, 2003 8:00 am
Secretary of State
04-07-2003 90154 024 ***150.00

4/7

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55029021

DOCUMENT # P02000042192

1. Entity Name
BLUE HAVEN, INC.

Principal Place of Business	Mailing Address
12979 PELICAN LANE MADEIRA BEACH, FL 33708	12979 PELICAN LANE MADEIRA BEACH, FL 33708

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	5001 1st Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: St Petersburg FL
Zip / Country	Zip: 33710 / County: Pinellas

4. FEI Number: 04-365 2218 ☐ Applied For ☐ Not Applicable

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
LAPOINT, BRIDGET 913 BAY POINT DRIVE MADEIRA BEACH, FL 33708	Name: Budget LaPoint Street Address (P.O. Box Number Is Not Acceptable): 5001 1st Ave N City: St. Petersburg FL Zip Code: 33710

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: Budget LaPoint 4/3/03
(Signature, title or capacity required) (If Registered Agent signature required when changing) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PSTD LAPOINT, BRIDGET 913 BAY POINT DRIVE MADEIRA BEACH, FL 33708			
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: Budget LaPoint 4/3/03
(SIGNATURE OF A NEW OFFICER OR DIRECTOR REQUIRED IF BOX IS CHECKED) Date / Daytime Phone #