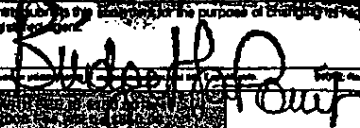
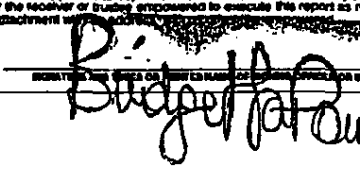


FILED
Apr 22, 2003 8:00 am
Secretary of State

04-07-2003 90154 024 ***150.00

4/7

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000042192			
1. Entity Name BLUE HAVEN, INC.			
Principal Place of Business 12979 PELICAN LANE MADERA BEACH, FL 33708		Mailing Address 12979 PELICAN LANE MADERA BEACH, FL 33708	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5001 1st Ave N Suite, Apt. #, etc.	
City & State		City & State St Petersburg FL	
Zip		Zip 33710	
Country		Country Pineellas	
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 LAPONT, BRIDGET 913 BAY POINT DRIVE MADERA BEACH, FL 33708		7. Name and Address of New Registered Agent Name Budget La Point Mailing Address (P.O. Box Number is Not Acceptable) 5001 1st Ave N City St Petersburg FL Zip Code 33710	
8. The above named entity is the filer 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 		DATE 4/3/03	
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 #1			
10a. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1	
TITLE PRTD		TITLE ☐ Delete ☐ Change ☐ Addition	
NAME LAPONT, BRIDGET		NAME	
STREET ADDRESS 913 BAY POINT DRIVE		STREET ADDRESS	
CITY-ST-ZIP MADERA BEACH, FL 33708		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 the addition of my name to the report.			
SIGNATURE: 		DATE 4/3/03	