

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90093 020 \*\*\*150.00

**DOCUMENT # P12217**1. Entity Name  
**DE HAVEN INDUSTRIES, INC.**Principal Place of Business  
**2212 RANDOLPH COURT. NE  
ATLANTA GA 30345**Mailing Address  
**2212 RANDOLPH COURT. NE  
ATLANTA GA 30345**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **58-1679559**

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

**EDWARDS, MARTHA  
LAKE BENTLEY SHORES  
APT #3 D 1920 EDGEWOOD DR  
LAKELAND FL 33803**

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, 2001 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	HURT, ARTHUR R.	NAME	
STREET ADDRESS	2212 RANDOLPH COURT, NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	YOUNG, W J	NAME	
STREET ADDRESS	305 DEER CLIFF COVE	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30043	CITY-ST-ZIP	
TITLE		TITLE	
NAME	YOUNG, MARY LOUISE	NAME	
STREET ADDRESS	305 DEER CLIFF COVE	STREET ADDRESS	
CITY-ST-ZIP	LAWRENCEVILLE GA 30043	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	HURT, LISA C.	NAME	
STREET ADDRESS	2212 RANDOLPH COURT, NE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*Arthur R. Hurt* **ARTHUR R. HURT**

2-22-01

770 939-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)