## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000048219 Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** DEHAVEN INTERIORS, INCORPORATED 02-16-2000 90119 049 \*\*\*158.75 Principal Place of Business Mailing Address 8659 PLAYERS CT 8659 PLAYERS CT LARGO FL 33777-1240 LARGO FL 33777 incipal Place of Business BELCHEN ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For 59-3448564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEHAVEN, SCOTT 8659 PLAYERS CT **LARGO FL 33777** at for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above names entity submits this SIGNATURE (NOTE, Registered Agent signature required when reinstating) of registered agent and tate if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Addition TITLE DEHAVEN, SCOTT NAME BELCHER ROAD NAME STREET ADDRESS STREET ADDRESS 8659 PLAYERS CT CITY-ST-ZIP CITY-ST-7/P **LARGO FL 33777** ☐ Addition ☐ Delete THE Change TITLE GROSS, SUSAN NAME STREET ADDRESS 8659 PLAYERS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accorded and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this indicated on this report or supplemental reports true of the corporation or the receive or trustee ampower

empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment wit

SIGNATURE: