

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90828 007 ***150.00

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DOCUMENT # P97000048219

1. Entity Name
DEHAVEN INTERIORS, INCORPORATED



Principal Place of Business
**8100 PARK BLVD
#6
PINELLAS PARK FL 33781**

Mailing Address
**8100 PARK BLVD
#6
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address
8659 PLAYERS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LANL60 FL

4. FEI Number
59-3448564

Applied For
Not Applicable

Zip

Country

Zip
33777

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEHAVEN, SCOTT
9073 BELCHER RD
PINELLAS PARK FL 33782**

7. Name and Address of New Registered Agent

Name
SCOTT DEHAVEN

Street Address (P.O. Box Number is Not Acceptable)
8659 PLAYERS COURT

City
LANL60

FL

Zip Code
33777

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/ DEHAVEN, SCOTT
9073 BELCHER RD
PINELLAS PARK FL 33782**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8659 PLAYERS COURT
LANL60 FL 33777**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST DEHAVEN, SUSAN
9073 BELCHER RD
PINELLAS PARK FL 33782**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8659 PLAYERS COURT
LANL60 FL 33777**

TITLE
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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

Date

Daytime Phone #

4/16/03 727-394-1242

CR2E034 (10/02)