

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90141 012 \*\*\*150.00

**DOCUMENT # P97000057445**

1. Entity Name  
**HOWARD'S HAVEN, INC.**

Principal Place of Business      Mailing Address  
**31535 AVE C**      **P.O. BOX 271**  
**BIG PINE KEY FL 33043**      **BIG PINE KEY FL 33043-0271**

2. Principal Place of Business      3. Mailing Address  
**31535 AVE C**      **PO 430271**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Big Pine Key, FL**      **Big Pine Key, FL**  
 Zip      Zip      Country      Country  
**33043**      **MONROE**      **33043-271**      **MONROE**

4. FEI Number      Applied For  
**65-0833321**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ACKISS, LUKE**  
**31535 AVE C**  
**BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent  
 Name      **Luke Ackiss**  
 Street Address (P.O. Box Number is Not Acceptable)  
**31535 AVE C**  
 City      **Big Pine Key**      FL      Zip Code      **33043**

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      *Luke Ackiss*      PD,      4 25 2K  
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, 2000 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	
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>ACKISS, LUKE</b>
STREET ADDRESS	<b>31535 AVE C</b>
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>ACKISS, LYNN</b>
STREET ADDRESS	<b>31535 AVE C</b>
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:      *Luke Ackiss*      4 25 2K      305 515 0183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)