

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000030565

FILED
Sep 12, 2002
Secretary of State

Entity Name: GULF HAVEN HEALTH CARE SERVICES INC.

Current Principal Place of Business:

6305 BAYSIDE DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6343 ROWAN ROAD
NEW PORT RICHEY, FL 34653

Current Mailing Address:

6305 BAYSIDE DR.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3591938 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLD, BRIAN
6305 BAYSIDE DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: STERLE, TERESA
Address: 6305 BAYSIDE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA STERLE

A

09/12/2002

Electronic Signature of Signing Officer or Director

Date