

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90072 035 ***150.00

DOCUMENT # P99000085261

1. Entity Name

VICKIE DEHAVEN, P.A.

Principal Place of Business

Mailing Address

**122 PEREGRINE COURT
WINTER SPRINGS FL 32708****122 PEREGRINE COURT
WINTER SPRINGS FL 32708**

2. Principal Place of Business

428 Sandringham Ct.

3. Mailing Address

428 Sandringham Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Winter Springs, FL 32708City & State
Winter Springs, FL 32708

4. FEI Number

59-3599042

Applied For

Not Applicable

Zip
32708Country
U.S.A.Zip
32708Country
U.S.A.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

**DEHAVEN, VICKIE L
122 PEREGRINE COURT
WINTER SPRINGS FL 32708**

(Address Change)

Name

Vickie L. DeHavenStreet Address (P.O. Box Number is Not Acceptable)
428 Sandringham Court

City

Winter Springs**FL**Zip Code
32708

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

*Vickie DeHaven***VICKIE DEHAVEN, PRESIDENT****2-20-02**

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
DEHAVEN, VICKIE L
122 PEREGRINE COURT
WINTER SPRINGS FL 32708** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Vickie DeHaven
VICKIE DEHAVEN**2-21-02 407) 327-5845**

Date

Daytime Phone #

CR2E034 (9/01)