

F00000002482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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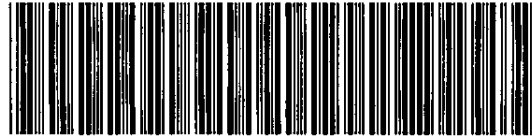
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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14 APR - 2 PM 1:45

APPROVED  
AND  
FILED

C. LEWIS  
MAR 10 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2014

CECILIA WOOLEVER / C.W. HABER INC  
17360 N WHITEFISH PT. RD  
PARADISE, MI 49768 US

SUBJECT: C.W. HABER, INC.  
Ref. Number: F00000002482

We have received your document for C.W. HABER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 414A00005175

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C. W. Haber Inc  
Name of Corporation

**DOCUMENT NUMBER:** F00000002482

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cecilia Woolever  
Name of Contact Person

C. W. Haber Inc  
Firm/Company

17360 N. Whitefish Pt. Rd  
Address

Paradise, MI 49768  
City/State and Zip Code

cecilia@haberconstruction.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia Woolever at ( 906 ) 630-7411  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Michigan in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C. W. Haber Inc

2. The principal office address: 17360 N. Whitefish Pt. Rd, Paradise, MI 49768

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: May 1, 2000 Document number: F00000002482

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

6400 Taylor Rd, Unit 7, Punta Gorda, FL 33950

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cecilia M. Woollever  
~~G. W. Haber, Inc~~

19800 Veterans Blvd, Unit 14A

P.O. Box NOT acceptable

Pt. Charlotte, FL 33954

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Cecilia M Woollever, Pres  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

3-17-14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314