

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90008 031 \*\*\*150.00

**DOCUMENT # F00000002482**

1. Entity Name  
**C.W. HABER, INC.**

Principal Place of Business      Mailing Address  
**201 W. PORTER AVE.**      **201 W. PORTER AVE.**  
**SS MARIE MI 49783**      **SS MARIE MI 49783**

2. Principal Place of Business      3. Mailing Address  
**201 W. Portage Ave**      **201 W. Portage Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**SS Marie MI**      **SS Marie MI**  
 Zip      Country      Zip      Country  
**49783**           **49783**

4. FEI Number      Applied For  
**38-3277784**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WOOLEVER, CECILIA M**  
**531 DAR ST. AVE**  
**PUNTA GORDA FL**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**527 DARST AVE**  
 City      State      Zip Code  
**Punta Gorda**      **FL**      **33950**

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 Cecilia M Woolever      [Signature]      1-29-01  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PCDT	<input type="checkbox"/> Delete
NAME	WOOLEVER, CECILIA M	
STREET ADDRESS	201 W PORTAGE AVE	
CITY-ST-ZIP	SS MARIE MI	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HABER, THOMAS	
STREET ADDRESS	531 DAR ST AVE	
CITY-ST-ZIP	PUNTA GORDA FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	527 DARST AVE.	
CITY-ST-ZIP	Punta Gorda FL 33950	
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: Cecilia M Woolever      [Signature]      1-29-00      941-505-2441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)