

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90406 017 ***150.00

DOCUMENT # P00000089042
 1. Entity Name
ANOTHER BROKEN EGG OF AMERICA, INC.

Principal Place of Business Mailing Address
~~9100 BAYTOWNE WHARF BLVD.~~ 200 GERARD ST
~~SUITE 8A4~~ MANDEVILLE LA 70448
~~DESTIN FL 32548-32550~~

89311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
200 Gerard St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Mandeville LA **59-3741586**
 Zip Country Zip Country
70448 **USA**

4. FEI Number ~~59-3741586~~ Applied For
APPLIED FOR Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WARD, LORI ELEN ESQ
MATTHEWS & HAWKINS, P.A.
607 HWY 98 E
DESTIN FL 32541

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME	CEO GREEN, RON E PRES	<input type="checkbox"/> Delete
STREET ADDRESS	525 KIMBERLY ANN DRIVE	
CITY-ST-ZIP	MANDEVILLE LA 70471	
TITLE NAME	VICE PRESIDENT SHARON F. GREEN 525 KIMBERLY ANN DR. MANDEVILLE, LA 70471	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VICE PRESIDENT SHARON F. GREEN 525 KIMBERLY ANN DR. MANDEVILLE, LA 70471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: RON E. GREEN Date: 985-845-7148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #