

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000004209****1. Entity Name**
BROKEN BONDAGES, INC.**Principal Place of Business**
NEW BETHEL MISSIONARY BAPTIST CHURCH
662 ACADEMY PLACE
OVIEDO FL 32765**Mailing Address**
82 TYSON COURT
OVIEDO FL 32765**2. Principal Place of Business**
82 TYSON COURT**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OVIEDO FL**City & State****4. FEI Number**
59-3506053**Applied For**
Not Applicable**Zip**
32765**Country****Zip****Country****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**WILLIAMS LOVELY B
82 TYSON COURT

OVIEDO FL 32765 US

Name
BEAMON LOVELY**Street Address (P.O. Box Number is Not Acceptable)**
82 TYSON COURT**City** OVIEDO **FL** **Zip Code** 32765**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** **LOVELY BEAMON****09/13/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** D ☒ Delete
NAME JONES WILLIE
STREET ADDRESS 9TH STREET
CITY-ST-ZIP SANFORD FL 32771**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☒ Delete
NAME HARREL ROBERT
STREET ADDRESS 1981 W. HYDE DRIVE
CITY-ST-ZIP DELTONA FL 32738**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** STD ☐ Delete
NAME MEDLOCK ADRIENE
STREET ADDRESS P.O. BOX 934 N/A
CITY-ST-ZIP SANFORD FL 32721**TITLE** D/T ☒ Change ☐ Addition
NAME MCINTYRE LAWRENCE
STREET ADDRESS 146 ROSE HILL TRAIL
CITY-ST-ZIP SANFORD FL 32773**TITLE** V ☐ Delete
NAME GLENN JEAN
STREET ADDRESS 1101 E. 7TH STREET
CITY-ST-ZIP SANFORD FL 32771**TITLE** V/S ☒ Change ☐ Addition
NAME GEORGE GWENDOLYN
STREET ADDRESS 1317 W. 10TH STREET
CITY-ST-ZIP SANFORD FL 32771**TITLE** PD ☐ Delete
NAME WILLIAMS LOVELY B
STREET ADDRESS 82 TYSON COURT
CITY-ST-ZIP OVIEDO FL 32765**TITLE** PD ☒ Change ☐ Addition
NAME BEAMON LOVELY B
STREET ADDRESS 82 TYSON COURT
CITY-ST-ZIP OVIEDO FL 32765**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** Gwendolyn George

D/S

09/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)