

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004808

1. Entity Name

EARTHBRIDGE INC.

Principal Place of Business

Mailing Address

4052 OLD COTTON DALE RD. #1503  
MARIANNA FL 32448

P.O. BOX 5786  
MARIANNA FL 32447-5786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1761591

Applied For

Not Applicable

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

PIERCE, DEBRA  
807 MAPLE ST.  
CHIPLEY FL 32428

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE MT  
NAME SUNNY MUNDY, DONNA JEAN ☐ Delete  
STREET ADDRESS 4052 OLD COTTONDALE RD #1503  
CITY-ST-ZIP MARIANNA FL 32448

TITLE D  
NAME BANKS-MUELLER, PAUL ☐ Delete  
STREET ADDRESS 279 ELLSWORTH RD  
CITY-ST-ZIP PETOSKEY MI 49770

TITLE DS  
NAME YEAGER, KAY ☐ Delete  
STREET ADDRESS 12 JACKSON ST #812-B  
CITY-ST-ZIP JEFFERSON CITY MO 65101

TITLE TR  
NAME ADAMS, HOWARD ☐ Delete  
STREET ADDRESS 5500 OAKLEY ST  
CITY-ST-ZIP KANSAS CITY MO 64141

TITLE TR  
NAME PIERCE, DEBRA ☐ Delete  
STREET ADDRESS 807 MAPLE ST  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE TR  
NAME DEER, RUNNING ☐ Delete  
STREET ADDRESS 5508 SNEAD RD  
CITY-ST-ZIP RICHMOND VA 23224

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add  
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)(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 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: *Donna Jean Sunny Mundy* 1/5/00 850-482-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90012 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE