

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90304 033 ****61.25

DOCUMENT # N98000004808

1. Entity Name

EARTHBRIDGE INC.

Principal Place of Business

4052 OLD COTTON DALE RD. #1503
MARIANNA FL 32448

Mailing Address

P.O. BOX 5786
MARIANNA FL 32447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1761591

Applied For

Not Applicable

Zip

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

PIERCE, DEBRA
807 MAPLE ST.
CHIPLEY FL 32428

Name

Terry Address

Street Address (P.O. Box Number is Not Acceptable)

3408 Twin Ponds Rd

City

MARIANNA

FL

Zip Code

32448

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

Terry Address

TR

3-8-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | MT | <input type="checkbox"/> Delete |
| NAME | SUNNY MUNDY, DONNA JEAN | |
| STREET ADDRESS | 4052 OLD COTTONDALE RD #1503 | |
| CITY-ST-ZIP | MARIANNA FL 32448 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BANKS-MUELLER, PAUL | |
| STREET ADDRESS | 279 ELLSWORTH RD | |
| CITY-ST-ZIP | PETOSKEY MI 49770 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | YEAGER, KAY | |
| STREET ADDRESS | 12 JACKSON ST #812-B | |
| CITY-ST-ZIP | JEFFERSON CITY MO 65101 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | ADAMS, HOWARD | |
| STREET ADDRESS | 5500 OAKLEY ST | |
| CITY-ST-ZIP | KANSAS CITY MO 64141 | |
| TITLE | TR | <input checked="" type="checkbox"/> Delete |
| NAME | PIERCE, DEBRA | |
| STREET ADDRESS | 807 MAPLE ST | |
| CITY-ST-ZIP | CHIPLEY FL 32428 | |
| TITLE | TR | <input type="checkbox"/> Delete |
| NAME | DEER, RUNNING | |
| STREET ADDRESS | 5508 SNEAD RD | |
| CITY-ST-ZIP | RICHMOND VA 23224 | |

| | | |
|----------------|--------------------|--|
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Michelle Reid | |
| STREET ADDRESS | 130 DEAN AVE #10 | |
| CITY-ST-ZIP | FRANKLIN MA 02038 | |
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JERRY PAINTER | |
| STREET ADDRESS | RT #3 BOX 654 | |
| CITY-ST-ZIP | CABOOL MO 65689 | |
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TERRY ADDRESS | |
| STREET ADDRESS | 3408 TWIN PONDS RD | |
| CITY-ST-ZIP | MARIANNA FL 32448 | |
| TITLE | TR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bob Richardson | |
| STREET ADDRESS | 836 STATE HWY Y | |
| CITY-ST-ZIP | GALENA MO 65656 | |
| TITLE | TR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEBRA KEEPSHAWK | |
| STREET ADDRESS | 807 MAPLE ST | |
| CITY-ST-ZIP | CHIPLEY FL 32428 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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* 3-8-01 (850) 482-4260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)