

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90004 005 \*\*\*\*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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>43-1761591</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ANDRESS, TERRY</b> <b>3408 TWIN PONDS ROAD</b> <b>MARIANNA FL 32448</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MT</b> <b>SUNNY MUNDY, DONNA JEAN</b> <b>4052 OLD COTTONDALE RD #1503</b> <b>MARIANNA FL 32448</b>	<input type="checkbox"/> Delete	TITLE <b>TR</b> NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BANKS-MUELLER, PAUL</b> <b>279 ELLSWORTH RD</b> <b>PETOSKEY MI. 49770</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEN O'BRIEN</b> <b>12430 NE GLISAN #15</b> <b>PORTLAND OR 97230</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>YEAGER, KAY</b> <b>12 JACKSON ST #812-B</b> <b>JEFFERSON CITY MO 65101</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TERRY ANDRESS</b> <b>3408 TWIN POND RD</b> <b>MARIANNA FL 32448</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>ADAMS, HOWARD</b> <b>5500 OAKLEY ST</b> <b>KANSAS CITY MO 64141</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bob Richardson</b> <b>836 STATE HWY Y</b> <b>GALENA MO 65656</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>KEEPSHAWK, DEBRA</b> <b>807 MAPLE ST</b> <b>CHIPLEY FL 32428</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michelle Reid</b> <b>130 DEAN AVE #10</b> <b>FRANKLIN MA 02038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>DEER, RUNNING</b> <b>5508 SNEAD RD</b> <b>RICHMOND VA 23224</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rodney Cook</b> <b>23 Beach Rd # B5</b> <b>SALISBURY MA 01952</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JERRY PAINTER</b> <b>HC 73 Box 159-2</b> <b>DRURY MO 65638</b>

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* (Donna Jean Sunny Mundy) 1/23/02 850-482-4260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)