

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

**9100 BAYTOWNE WHARF BLVD
 SUITE 8A4
 DESTIN FL 32540-32550**

Mailing Address

**200 GERARD ST
 MANDEVILLE LA 70448**

89311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 Gerard St

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Mandeville LA
 Zip 70448 Country USA**

City & State

59-3741586

4. FEI Number

59-3741586

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CEO
 GREEN, RON E PRES
 525 KIMBERLY ANN DRIVE
 MANDEVILLE LA 70471**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VICE PRESIDENT
 SHARON F. GREEN
 525 KIMBERLY ANN DR.
 MANDEVILLE, LA 70471**

☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

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 CITY-ST-ZIP**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

985-845-7148

CR2E034 (9/01)