

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 009 ***150.00

DOCUMENT # **P01000094346**

1. Entity Name

THE CRACKED EGG OF WEEKI WACHEE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5325 COMMERCIAL WAY

Suite, Apt. #, etc.

3. Mailing Address

5325 COMMERCIAL WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number

59-3744126

Applied For

Not Applicable

Zip

34606

Country

Zip

34606

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARY ANN ROY

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

11425 REGENT LAKE

City

SPRING HILL

FL

Zip Code

34606

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **RICK MORRA**
STREET ADDRESS **9448 NORTHCLIFFE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **SECRETARY**
NAME **MARY ANN ROY**
STREET ADDRESS **11425 REGENT LAKE**
CITY-ST-ZIP **SPRING HILL, FL 34606**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Ann Roy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 3525968213

CR2E034B (12/01)