2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000079979 DOCUMENT

1. Entity Name

ANOTHER BROKEN EGG CAFE OF SANDESTIN, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90113 009 ***150.00

GOO WE TRUS

Principal Place of Business 9100 BAYTOWNE WHARF BLVE SUITE A-4 SANDESTIN FL 32550 Mailing Address 200 GERARD ST. MANDEVILLE LA 70448									
2. Principal P	Place of Business	3. Ma	3. Mailing Address 525 Kimberly Ann Dr					 	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				☐ CHECK HERE!	F MAKING CHANGE	S
City & Stati	ie .	1 66	v & State	LA -	7047	1	4. FEI Number 154389		Applied For Not Applicable
Zip	Country	Zip	1540	Country	5-4A		5. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Curre	ent Register	ed Agent				7. Name and Address of New Re		
GREEN, SI	GREEN, SHARON F								
	TOWNE WHARF BLVD.			S	Street Addre	ess (P.0	O. Box Number is Not Acceptable)		<u> </u>
SUITE A-4 SANDESTII	N FL 32550								
				i	City			FL Zip Co	
the obligation	named entity submits this statement ons of registered agent.	t for the purp	ose of changing its re	egistered o	office or reg	gistered	agent, or both, in the State of Flori	da. I am familiar with	, and accept
SIGNATURE _	Signature, typed or printed name of registered age	ont and the 16		<u> </u>					
		еп ало тпе п арр	NOTE:	Registered Age	ent signature rec	quired wh	en reinstating)	DATE	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	0					9. Election Campaign Fina	· _ +	00 May Be
Make Clieck	rayable to ribrida Department	of State					Trust Fund Contribution.	☐ Adde	d to Fees
10:	Payable to Florida Department OFFICERS AN		RS	11.	· <u>-</u>				
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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 10 or Block 11 if

SIGNATURE: