

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093405

1. Entity Name
SACRED BRIDGE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90430 029 ***150.00

Principal Place of Business

958 NW 13TH ST
STUART FL 34994
US

Mailing Address

958 NW 13TH ST
STUART FL 34994
US

C0055815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0792613**

Applied For

Not Applicable

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

HALL, MARCUS E JR.
1919 SW SUNSET TRAIL
PALM CITY FL 34990

Name

HALL, MARCUS E JR

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

11586 162 PL N

City

JUPITER

FL

Zip Code

33478

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

Marcus E Hall **MARCUS E HALL JR** **4/20/01**

Signature, typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, KELLY H	
STREET ADDRESS	958 NW 13TH ST	
CITY- ST- ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSEN, ARRONEL	
STREET ADDRESS	958 NW 13TH ST	
CITY- ST- ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, MARCUS E JR.	
STREET ADDRESS	1919 SW SUNSET TRAIL	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, ARRONEL	
STREET ADDRESS	11586 162 PL N	
CITY- ST- ZIP	JUPITER, FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARCUS E JR	
STREET ADDRESS	11586 162 PL N	
CITY- ST- ZIP	JUPITER, FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Marcus E Hall **MARCUS E HALL JR**

4/20/01

Date

561-741-4349

Daytime Phone #

CR2E034 (10/00)