

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90036 018 ***150.00

DOCUMENT # P97000093405

1. Entity Name

SACRED BRIDGE, INC.

Principal Place of Business

**958 NW 13TH ST
 STUART FL 34994
 US**

Mailing Address

**958 NW 13TH ST
 STUART FL 34994
 US**

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

**HALL, MARCUS E JR.
 11586 162 PLACE NORTH
 JUPITER FL 33478**

7. Name and Address of New Registered Agent

Name **MARCUS E HALL, MARCUS E JR**
 Street Address (P.O. Box Number is Not Acceptable) **983 NW SPRUCE RIDGE DR #1**
 City **STUART** FL Zip Code **34994**

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 TREAS** **4/21/2002**
 (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

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	11586 162 PLACE NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, MARCUS E JR.	
STREET ADDRESS	11586 162 PLACE NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	983 NW SPRUCE RIDGE DR #1	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, MARCUS E JR	
STREET ADDRESS	983 NW SPRUCE RIDGE DR #1	
CITY-ST-ZIP	STUART, FL 34994	
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** **4/21/2002** **561-463**
 (Signature and typed or printed name of signing officer or director Date Daytime Phone #) **5367**

CR2E034 (9/01)