

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90250 023 \*\*\*150.00

0609764 AV

**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**

1



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HALL, MARCUS E JR.  
983 NW SPRUCE RIDGE DR. #1  
STUART FL 34994**

7. Name and Address of New Registered Agent

Name **PALMER, KELLY H**  
Street Address (P.O. Box Number is Not Acceptable) **958 NW 13TH ST**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kelly Hart Palmer*

**4/24/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, KELLY H</b>	
STREET ADDRESS	<b>958 NW 13TH ST</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, ARRONEL</b>	
STREET ADDRESS	<b>983 NW SPRUCE RIDGE DR. #1</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, MARCUS E JR.</b>	
STREET ADDRESS	<b>983 NW SPRUCE RIDGE DR. #1</b>	
CITY-ST-ZIP	<b>STUART FL 34994</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSEN, ARRONEL</b>	
STREET ADDRESS	<b>2222 NE DIXIE HWY #5</b>	
CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>	
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		

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kelly Hart Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kelly Hart Palmer 4/24/03*

Date

Daytime Phone #

CR2E034 (10/02)