

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P990000060200

1. Entity Name

EARTH SURVIVAL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-02-2000 90002 017 ***158.75

Principal Place of Business

1555 VINSON RAY RD.
BAKER FL 32531

Mailing Address

1555 VINSON RAY RD.
BAKER FL 32531-7903

2. Principal Place of Business

1529 SKY RANCH LN.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BAKER FL

City & State

4. FEI Number

59-3585350

Applied For

Not Applicable

Zip
32531

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JAMES B
1444 VINSON RAY RD.
BAKER FL 32531

7. Name and Address of New Registered Agent

Name

LARRY MORGAN, JR.

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

1529 SKY RANCH LN.

City

BAKER

FL

Zip Code

32531

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

5-16-00

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, 2000 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 PRESIDENT
NAME JACK FLANDERS
STREET ADDRESS 1555 VINSON RAY ROAD
CITY-ST-ZIP BAKER, FL 32531 ☐ Delete

TITLE V.P.
NAME LARRY MORGAN
STREET ADDRESS 1512 VINSON RAY ROAD
CITY-ST-ZIP BAKER, FL 32531 ☐ Delete

TITLE SEC
NAME BRYAN MORGAN
STREET ADDRESS 1444 VINSON RAY RD.
CITY-ST-ZIP BAKER, FL 32531 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-00 (850) 537-5000

CR 004 00000