

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jul 10, 2000 8:00 am
Secretary of State

05-31-2000 90094 009 ****61.25

DOCUMENT # N99000005120

1. Entity Name

MOSTTONE ENTERPRISES CORPORATION

R

Principal Place of Business

Mailing Address

503 MANCHESTER ROAD
 FORT WALTON BEACH FL 32547

503 MANCHESTER ROAD
 FORT WALTON BEACH FL 32547-2640

2. Principal Place of Business

3. Mailing Address

503 Manchester Rd

503 Manchester Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach FL

City & State

Fort Walton Beach FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

32547 OK10050

Zip

Country

32547 OK10050

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

~~ZAHARAKES, JAMES~~
 503 MANCHESTER ROAD
 FORT WALTON BEACH FL 32547

Painter Joseph B.

Name *Painter Joseph* *345468337SD*

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

503 Manchester Road

City *Fort Walton Beach FL*

FL

Zip Code

32547

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

Joseph Painter

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

(NOTE: Registered Agent signature required when reinstating)

18 May 00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *Executive Manager* Delete
 NAME *Zaharakas James*
 STREET ADDRESS *503 Manchester Road*
 CITY-ST-ZIP *Fort Walton Beach FL 32547*

TITLE *Secretary* Change Addition
 NAME *Painter Joseph*
 STREET ADDRESS *503 Manchester Road*
 CITY-ST-ZIP *Fort Walton Beach FL 32547*

TITLE ~~_____~~ Delete
 NAME ~~_____~~
 STREET ADDRESS ~~_____~~
 CITY-ST-ZIP ~~_____~~

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

TITLE *Chairman & Founder* Delete
 NAME *Tim Mostfens*
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE *Chairman & Founder* Change Addition
 NAME *Tim Mostfens*
 STREET ADDRESS *1709 Osceola Bay Ave*
 CITY-ST-ZIP *Niceville FL 32578*

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE *Treasurer* Delete
 NAME *Georgia Mostfens*
 STREET ADDRESS *626 Carr Dr*
 CITY-ST-ZIP *Niceville FL 32578*

TITLE *Treasurer* Change Addition
 NAME *Georgia Mostfens*
 STREET ADDRESS *626 Carr Dr*
 CITY-ST-ZIP *Niceville FL*

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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 617, 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:

Signature of Mostfens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 May 00

DATE

850-678-3721

DAYTIME PHONE #

CR2E037 (9/99)