

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012858

1. Entity Name

BLUE MOUNTAIN FLAME, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90107 015 ***150.00

Principal Place of Business

Mailing Address

48 - 31ST ST NORTH
ST PETERSBURG FL 33713
US

P O BOX 12266
ST PETERSBURG FL 33733-2266
US

2. Principal Place of Business

3. Mailing Address

48 - 31st Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, Florida

4. FEI Number

59-3306205

Applied For

Not Applicable

Zip

Country

Zip

Country

33713

U.S.A.

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

SUTHERLAND, NORMAN
48 - 31ST ST NORTH
ST PETERSBURG FL 33713

Name

Eric Sutherland

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

48 - 31st Street North

City

St. Petersburg

FL

Zip Code
33713

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

Eric Sutherland

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT SUTHERLAND, NORMAN 48 - 31ST ST NORTH ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SUTHERLAND, ERIC 48 31ST ST N ST PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTHERLAND, MARJORIE O 48 31ST ST N ST PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AVA SUTHERLAND COX 48 31ST ST N ST PETERSBURG, FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Sutherland, President

727-327-7194

Date

Daytime Phone #

CR2E034 (9/99)