

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 852490**1. Entity Name  
**SUNMOUNT CORPORATION****FILED****Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90476 030 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 800  
ROANOKE TX 76262  
USP O BOX 800  
ROANOKE TX 76262  
US

DUU31U7U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **87-0368152**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CROSS, DONALD M.  
STREET ADDRESS 66 HERITAGE DRIVE  
CITY-ST-ZIP KENSINGTON CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE STD ☐ Delete  
NAME BROWN, R. ALLYN  
STREET ADDRESS 3032NO. MONET COURT  
CITY-ST-ZIP FLOWER MOUND TXTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☒ Delete  
NAME BARBER, THOMAS R. JR.  
STREET ADDRESS RR1  
CITY-ST-ZIP HASLET TXTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE AST ☐ Delete  
NAME MATHER, JAYNE G.  
STREET ADDRESS 198 MAIN ST.  
CITY-ST-ZIP DEEP RIVER CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME WETMORE, BYRON F  
STREET ADDRESS 1210 KENSINGTON ROAD  
CITY-ST-ZIP KENSINGTON CT 06037TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Jayne G. Mather Jayne G. Mather, Treasurer

Assistant

4/12/01

(203) 235-3351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)