

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28702

1. Entity Name

MOUNTAIN TRUST LIMITED

Principal Place of Business
2708-A POWER MILL COURT
TALLAHASSEE FL 32301

Mailing Address
2708-A POWER MILL COURT
TALLAHASSEE FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 21 AM 11:11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6007 Love Ridge Dr
Suite, Apt. #, etc.

3. Mailing Address
6007 Love Ridge Dr
Suite, Apt. #, etc.

City & State
Tallahassee
Zip
32312
Country

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Tallahassee, FL
Zip
32312
Country

4. FEI Number 59-2962022

Applied For
Not Applicable

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

WATTS, ROBERT E., JR.
2708-A POWER MILL COURT
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
6007 Love Ridge Dr.
City Tallahassee FL Zip Code 32312

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] DATE 9/21/01
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstalling)

9. Capital Contributions as Shown on record. \$92,000.00

10. Amount of Capital Contributions in FLORIDA to date. 34440

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME ROBERT E. WATTS, JR.
STREET ADDRESS 6007 Love Ridge Dr.
CITY-ST-ZIP TALLAHASSEE FL 32312

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

10/2/00

00 - \$329.83
01 - 329.80
Total \$659.83
3000046102732.5
-09/25/01--01055--002
***1052.50 ***1052.50
9/29/00 Revocation
voided due to clerical error
KB/elt