

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90033 020 ***158.75

DOCUMENT # F97000000804

1. Entity Name
MOUNTAIN VIEW VENTURES, INC.

Principal Place of Business
625 N. FLAGLER DRIVE
600
WEST PALM BEACH FL 33401

Mailing Address
625 N. FLAGLER DRIVE
600
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1835266**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIDSTON, ALLAN L
515 N. FLAGLER DR., #1450
WEST PALM BEACH FL 33401

Name **Kidston, ALLAN L**
 Street Address (P.O. Box Number is Not Acceptable)
625 N. FLAGLER DRIVE
Ste 600
 City **West Palm Beach** FL Zip Code **33401**

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, 2002 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 **DC** ☐ Delete
NAME **PARSONS, DONALD H**
STREET ADDRESS **515 N. FLAGLER DR., #1450**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DC** ☒ Change ☐ Addition
NAME **Parsons, Donald H**
STREET ADDRESS **625 N. Flagler Dr. #600**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **PSD** ☐ Delete
NAME **KIDSTON, ALLAN L**
STREET ADDRESS **515 N. FLAGLER DR., #1450**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PSD & T** ☒ Change ☐ Addition
NAME **Kidston, Allan L**
STREET ADDRESS **625 N. Flagler Dr. #600**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **T** ☒ Delete
NAME **LYLES, JACKIE L**
STREET ADDRESS **RIVER RD., PO BOX 290**
CITY-ST-ZIP **PAWLEYS ISLAND SC 29585**

TITLE **S** ☐ Change ☐ Addition
NAME **Dumont, Clare**
STREET ADDRESS **River Rd., P.O. Box 290**
CITY-ST-ZIP **Pawleys Island, SC 29585**

TITLE **S** ☐ Delete
NAME **DUMONT, CLARE**
STREET ADDRESS **RIVER RD., PO BOX 290**
CITY-ST-ZIP **PAWLEY'S ISLAND SC 29585**

TITLE **S** ☐ Change ☐ Addition
NAME **Dumont, Clare**
STREET ADDRESS **River Rd., P.O. Box 290**
CITY-ST-ZIP **Pawleys Island, SC 29585**

TITLE **VS** ☐ Delete
NAME **RYAN, ARTHUR**
STREET ADDRESS **515 N FLAGER DR #1450**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VS** ☒ Change ☐ Addition
NAME **Ryan, Arthur**
STREET ADDRESS **625 N. FLagler Dr. #600**
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Allan L Kidston
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002 561-833-1622
 Date Daytime Phone #

CR2E034 (9/01)