

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004763

1. Entity Name

MOUNTAINTOP MARKETING, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90027 001 ***150.00

Principal Place of Business

109 13TH AVENUE SOUTH
NAMPA ID 83651

Mailing Address

109 13TH AVENUE SOUTH
NAMPA ID 83651-3904

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

82-0412420

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

WATERS, DONALD
1129 GARLAND DRIVE
SEBRING FL 33870

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 DONALD WATERS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAVES, EDWARD G 10344 TURNER DRIVE MIDDLETON ID	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAVES, SHIRLEY 10344 TURNER DRIVE MIDDLETON ID	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROLLINS, RON 5401 HIGHWAY 201 ONTARIO OR	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	<input type="checkbox"/> Delete

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
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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:

EDWARD G. MAVES; CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

708-466-4904

CR2E034 (9/99)