

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G03800

i. Entity Name

MISSION MOUNTAIN, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90038 018 ***150.00

Principal Place of Business

W KENNEDY BLVD.
FL 33606-1849

Mailing Address

1306 W KENNEDY BLVD.
TAMPA FL 33606-1849

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STRASKE, STEPHEN B I
1307 W KENNEDY BLVD
TAMPA FL 33606

4. FEI Number **59-2226692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

1306 W Kennedy Blvd

Tampa, FL 33606

City

Tampa

FL

Zip Code
33606

DO NOT WRITE IN THIS SPACE



040000

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, 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

OFFICERS AND DIRECTORS

PD ☐ Delete
PICKETT, WILLIAM A
2475 TRACE AVE.
ORLANDO FL
VD ☐ Delete
FERMAN, JAMES L, JR
1814 RICHARDSON PLACE
TAMPA FL
STD ☐ Delete
PICKETT, MARK
1307 W. KENNEDY BLVD.
TAMPA FL 33606

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-251-2765

CR2E034 (9/99)