

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2001 8:00 am**
Secretary of State

04-19-2001 90034 035 ***150.00

DOCUMENT # G03800

1. Entity Name

MISSION MOUNTAIN, INC.

Principal Place of Business

Mailing Address

**1306 W KENNEDY BLVD.
TAMPA FL 33606-1849****1306 W KENNEDY BLVD.
TAMPA FL 33606-1849**

2. Principal Place of Business

511 SW 1ST AVE

Suite, Apt. #, etc.

3. Mailing Address

511 SW 1ST AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRYSTAL RIVER, FL

City & State

CRYSTAL RIVER, FL

4. FEI Number

59-2226692

Applied For

Not Applicable

Zip

34429

Country

FLORIDA

Zip

34429

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARK PICKETT**

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

511 SW 1ST AVECity **CRYSTAL RIVER****FL**Zip **34429**

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

MARK PICKETT**04/13/01**

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

TITLE **PD** ☐ Delete
NAME **PICKETT, WILLIAM A**
STREET ADDRESS **2475 TRACE AVE.**
CITY-ST-ZIP **ORLANDO FL**TITLE **VD** ☐ Delete
NAME **FERMAN, JAMES L, JR**
STREET ADDRESS **1814 RICHARDSON PLACE**
CITY-ST-ZIP **TAMPA FL**TITLE **STD** ☐ Delete
NAME **PICKETT, MARK ...**
STREET ADDRESS **1307 W. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33606**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12693 KIRBY SMITH RD**
CITY-ST-ZIP **ORLANDO, FL 32832**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **511 SW 1ST AVE**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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:

MARK PICKETT**04/13/01****(352)
795-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)