2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K74189** Mar 15, 2000 8:00 am Secretary of State 1. Entity Name MOUNTAINSIDE FINANCE CORP. 03-15-2000 90073 032 ***150.00 Mailing Address Principal Place of Business 8900 S. A1A HWY. 8900 S. A1A HWY. MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-4011 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0118066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, RICHARD U Street Address (P.O. Box Number is Not Acceptable) 8900 S A1A HWY **MELBOURNE BEACH FL 32951** City Zip Code FL 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, typed or printed name of registered agent and title if app\$cable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Defete TITLE YOUNG, RICHARD U. NAME NAME 8900 S A1A HWY STREET ADDRESS STREET ADDRESS **MELBOURNE BCH FL 32951** CITY-ST-ZIP CITY-ST-ZIP SECR ☐ Delete TITLE ☐ Change ☐ Addition TITLE SINGER, ALLAN J NAME NAME 8900 S A1A HWY STREET ADDRESS STREET ADDRESS MELBOURNE BCH FL 32951 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete

13. I hereby certify that the information supplied with the 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 the 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 of 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 applicable.

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

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☐ Change

☐ Addition