2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003
Secretary of State

DOCUMENT# N99000003237

Entity Name: MOUNTAIN MOVERS INSTITUTE, INC.

Current Principal Place of Business:

2643 WOODWIND HILLS LANE
LAKELAND, FL 33813

New Principal Place of Business:

5330 LAKELAND HIGHLANDS ROAD
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 663
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 59-3579092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISH, NORETA
2643 WOODWIND HILLS LANE
LAKELAND, FL 33813

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	BISH, NORETA	
Address:	2643 WOODWIND HILLS LANE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	V	( ) Delete
Name:	CHERI, LEGG	
Address:	1626 GRAY RD	
City-St-Zip:	EAGLE LAKE, FL 33839	
Title:	ST	( ) Delete
Name:	CHRIS, CRAIG	
Address:	1100 OAKBRIDGE PKWY #252	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	RICHARD, DREYER	
Address:	1855 MARGARET AVE	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	PHILLIP, WOODY	
Address:	3853 FEATHER DR	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	CHRISTINE, CRAIG	
Address:	1100 OAKBRIDGE PKWY #252	
City-St-Zip:	LAKELAND, FL 33803	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE CRAIG ST 04/21/2003
Electronic Signature of Signing Officer or Director — Date