

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006412

1. Entity Name

BLUE MOUNTAIN PUMP, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90144 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

562 HWY. 90 E.  
DEFUNIAK SPRINGS FL 32433

562 HWY. 90 E.  
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

*Applied For*

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

MILLER, GEORGE RALPH ESQ  
562 HWY. 90 E.  
DEFUNIAK SPRINGS FL 32433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BUTTS, R. BRUCE  
STREET ADDRESS 730 CIRCLE DR.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME BODIE, NIKKI  
STREET ADDRESS P.O. BOX 828  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SMITH, BRAD  
STREET ADDRESS 24 SEA OATS RD.  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME RHODES, CLYDE T  
STREET ADDRESS 402 10 LAKES DR.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MILLER, PAT  
STREET ADDRESS P.O. BOX 1734  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MCCALL, R.T.  
STREET ADDRESS 15 PINE HILL RD.  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 850/892-5153

CR2E037 (9/99)