2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Na ML14, IN	ıme	000114334	,			FILED	
Principal Place of Business Mailing Address MOUNTAIN LAKE HOUSE #14 POST OFFICE BOX 832						21 AMTH 50 ARY OF STATE SSEE, FLOOR	
LAKE WALES	S FL 33859	LAKE WALES FL 33859) (46 11 38 1 111 48 11) 61 111 41 111 1	 	a (114) ata t (114)
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address			.	
Suite, Apt. #, etc. Suite, Apt. #, etc.				200	Power W	N.S.II.W.HISISPACE	130000000000000000000000000000000000000
City & Sta	ate	City & State	City & State		4. FEI Number 59-368821	o -	Applied For
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Ac	dditional
	6. Name and Address of Curre	nt Registered Agent	Magaz		7. Name and Address of New	Registered Agent	
- PATTERS 106 MOU	Name:	FAY	P. Bullit O. Box Number is Not Acceptate				
	LES FL 33859		9	5 N	TOUNTAIN L	4KE	
			City L	AKE	WALES	FL Zip Coo	\$59
SIGNATURE 9. This corp	e named entity submits this statement statemen	ent and title if applicable. (NOTE pole FILE NOW!	:: Registered Agent signs	ature required w	1	01002 DATE	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 200 Make Check Payab 11. OFFICERS AND DIRECTORS			le to Departmer	550.00 it of State	Trust Fund Contributi	on. 🗆 Adde	OO May Be d to Fees
TITLE	PD	Delete	12.	P/T/	ADDITIONS/CHANGES TO OF		
NAME STREET ADDRESS CITY-ST-ZIP	BULLITT, FAY 713 GLENGARRY ROAD PHILADELPHIA PA_19118		NAME STREET ADDRESS CITY-ST-ZIP	(7)	e00009 010-20/15/11	□ Change 150303 4015 **750.	Addition S
TITLE NAME STREET ADDRESS	PATTERSON, EUGENE F POST OFFICE BOX 832	Delete-	NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP	LAKE WALES FL 33859-0832		CITY-ST-ZIP		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAHLSTEDT, BROOKE P 12913 GAUCAMAYO COURT SAN DIEGO CA 92128	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPIS	פן	K Change	Addition
TITLE					<u></u>	Change	
NAME Street address	Control of the Contro		NAME CTREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME . STREET ADDRESS			5	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
	ertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emp						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10 10 02 215 242 Date Daytime Phone #