

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90051 020 \*\*\*150.00

**DOCUMENT # P02000033948**

1. Entity Name  
**MOUNTAIN TOP INC.**



Principal Place of Business  
**412 OAK KNOLL LANE  
PENSACOLA FL 32506**

Mailing Address  
**412 OAK KNOLL LANE  
PENSACOLA FL 32506**

00007031



2. Principal Place of Business  
**3987 North W St.**

Suite, Apt. #, etc.

**Unit 19**

City & State  
**Pensacola, Florida**

Zip  
**32505**

Country  
**USA**

3. Mailing Address  
**3987 North W St.**

Suite, Apt. #, etc.

**Unit 19**

City & State  
**Pensacola, Florida**

Zip  
**32505**

Country  
**USA**

4. FEI Number  
**04-3631519**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**THOREEN, W RICHARD  
116 E ALTAMONTE DR STE 210  
ALTAMONTE SPRINGS FL 32701**

## 7. Name and Address of New Registered Agent

Name **Richard T. Cohen**  
Street Address (P.O. Box Number is Not Acceptable)  
**3987 North W Street Unit 19**  
City **Pensacola** FL Zip Code **32505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **1-14-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **COHEN, RICHARD T**  
STREET ADDRESS **412 OAK KNOLL LANE**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **D** ☐ Delete  
NAME **BOONE, BRIAN**  
STREET ADDRESS **214 MARIGOLD DR #203**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-14-03** **850-434-6000**  
Date Daytime Phone #

CR2E034 (10/02)