

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075964

1. Entity Name

MOUNTAIN THUNDER, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90142 045 \*\*\*150.00

Principal Place of Business

6779 WEST INDIANTOWN ROAD  
SUITE 17  
JUPITER FL 33458  
US

Mailing Address

6779 WEST INDIANTOWN ROAD  
SUITE 17  
JUPITER FL 33458-3989  
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHARLES TOWN, WV

Zip

Country

Zip

Country

25414

4. FEI Number 65-0699838

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

FORD, WILLIAM E III  
6779 WEST INDIANTOWN ROAD  
SUITE 17  
JUPITER FL 33458

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS FORD, WILLIAM E III  
CITY-ST-ZIP RT. 1 BOX 93-Z LEETOWN PIKE  
CHARLES TOWN WV 25414

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS RT 3 BOX 93-Z LEETOWN PIKE  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS FORD, WILLIAM E  
CITY-ST-ZIP 2623 RACEVIEW DRIVE  
ONA WV 25545

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William E. Ford III* PRES. William E. Ford III PRES 4/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)