

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034062

1. Entity Name
LION MOUNTAIN TRANSPORT, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90009 029 ***150.00

Principal Place of Business
~~1010 N SWALLOWTAIL DR. #807~~
~~PORT ORANGE FL 32119~~
~~US~~

Mailing Address
~~1010 N SWALLOWTAIL DR. #807~~
~~PORT ORANGE FL 32119-4156~~
~~US~~

2. Principal Place of Business
161 MANGO LANE
Suite, Apt. #, etc.

3. Mailing Address
161 MANGO LANE
Suite, Apt. #, etc.

City & State
PORT ORANGE FL.

City & State
PORT ORANGE FL.

Zip
32127

Country
VOLUSIA

Zip
32127

Country
VOLUSIA

4. FEI Number 59-3433764

Applied For
Not Applicable

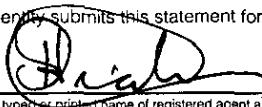
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DIAB, HAMED J
~~1010 N SWALLOWTAIL DR #807~~
~~PORT ORANGE FL 32119~~

NEW ADDRESS
161 MANGO LANE
PORT ORANGE
FL 32127

7. Name and Address of New Registered Agent
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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DIAB, HAMED J		STREET ADDRESS		
CITY-ST-ZIP	1010 N SWALLOWTAIL DR #807 161 MANGO LANE 32127		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  4/24/00 904 767 1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #