

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90296 011 ***150.00

001040



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000062903

1. Entity Name

MOUNTAIN PEAK WATER TREATMENT, INC.

Principal Place of Business

Mailing Address

16310-4 US HWY 19
 HUDSON FL 34667
 US

16310-4 US HWY 19
 HUDSON FL 34667-4300
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3460346

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

DEWAR, RANDY
 7631 LIMINGTON DRIVE
 PORT RICHEY FL 34668

(Address change only)

Name **DEWAR, RANDY**

Street Address (P.O. Box Number is Not Acceptable)

4384 5TH ISLE

City **SPRINGHILL**

FL

Zip Code

34607

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

Randy Dewar, President

(NOTE: Registered Agent signature required when reinstating)

01/07/00
 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	P	<input type="checkbox"/> Delete
NAME	DEWAR, RANDY	
STREET ADDRESS	7631 LIMINGTON DR	
CITY-ST-ZIP	PORT RICHEY FL 34667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTIER, ROBERT	
STREET ADDRESS	16310 US HWY 19	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARTIER, ROBERT	
STREET ADDRESS	16310 US HWY 19	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDY DEWAR	
STREET ADDRESS	4384 5th. Isle	
CITY-ST-ZIP	Springhill, FL 34607	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT CARTIER	
STREET ADDRESS	12104 TOPAZ ST	
CITY-ST-ZIP	SPRINGHILL, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Randy Dewar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Dewar, President
 Date

01/07/00
 Daytime Phone #

727-868-0406