

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 13, 2002 8:00 A
Secretary of State

DOCUMENT # 998000081963

1. Entity Name
Mountain Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ATLANTIC ACUPUNCTURE CENTER
Suite, Apt. #, etc.

3. Mailing Address
1065 CHENEY HWY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Titusville, Fl

City & State
Titusville, Fl

4. FEI Number
59-3542029

Applied For
☐ Not Applicable

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

Zip
32780

Country
USA

Zip
32780

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
David Harness, A.P.

Street Address (P.O. Box Number is Not Acceptable)
272 E. Towne Place

City
Titusville

FL

Zip Code
32796

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 David Harness, President, Acupuncture Physician 5/9/02
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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>DAVID HARNESS</u>	<u>272 E TOWNE PLACE TITUSVILLE FL</u>	<u>32796</u>
	<u>PRESIDENT / SECRETARY</u>		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
		<u>700005911757--5</u>	<u>-06/21/02--01077-013</u>
		<u>****300.00</u>	<u>****300.00</u>
		<u>700005911757--5</u>	<u>-06/21/02--01077-013</u>
		<u>****300.00</u>	<u>****300.00</u>

201.25 - AR
10.00 - ARAKTS
88.75 - ARSUPP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Harness A.P. David Harness A.P. 5-09-02 321-268-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Atlantic Acupuncture Center
1065 Cheney Highway, Titusville, FL 32780
PH (321) 268-9090 FAX (321) 267-1320

May 10, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Mountain Enterprises Incorporated
Ref. Number: P98000081963 / Letter Number: 902A00027061

Attn: Sean Toner, Senior Section Administrator

Please be advised the Corporation, Mountain Enterprises, Inc. did not receive UBR form for 2001. I attempted to comply by the by the deadline date with full payment and letter which I understand was unsatisfactory.

Please note that my mailing address has been corrected on the UBR form.

Address: 1065 Cheney Hwy. Titusville, FL 32780

Please find enclosed a check for \$300.00 to bring my Corporation up to current status.

Thank you for your consideration and support.

David Austin Harness A.P.
David Austin Harness, A.P.
Diplomate NCCAOM
Acupuncture Physician
License #AP0000602