

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90113 006 ***150.00

DOCUMENT # P99000043933

1. Entity Name
MOUNTAINVIEW RIVER RENTALS, INC.



Principal Place of Business
**10030 GLENMOOR LANE
PORT RICHEY FL 34668**

Mailing Address
**14531 AUBREY AVE
BROOKSVILLE FL 34610**



2. Principal Place of Business

5601 DUNCAN Rd
Suite, Apt. #, etc.
212

3. Mailing Address

5601 DUNCAN Rd.
Suite, Apt. #, etc.
212

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

Zip
33982

Country
US

Zip
33982

Country
US

4. FEI Number **59-3583182**

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

**HUGHES, RICHARD
14531 AUBREY AVE
SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

Name **BEVERLY A. GLOER**
Street Address (P.O. Box Number is Not Acceptable) **5601 DUNCAN Rd #212**
City **PUNTA GORDA FL** Zip Code **33982**

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 *Beverly A. Gloer* DATE **4-24-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, RICHARD	
STREET ADDRESS	14531 AUBREY AVE	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SAGINARIO, RICHARD	
STREET ADDRESS	10030 GLENMOOR LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAGINARIO, PAULA	
STREET ADDRESS	10030 GLENMOOR LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, BRIGIT	
STREET ADDRESS	14531 AUBREY AVE	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY A. GLOER	
STREET ADDRESS	5601 DUNCAN Rd #212	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY A. GLOER	
STREET ADDRESS	5601 DUNCAN Rd #212	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY A. GLOER	
STREET ADDRESS	5601 DUNCAN Rd #212	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY A. GLOER	
STREET ADDRESS	5601 DUNCAN Rd #212	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
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		

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: *Beverly A. Gloer* DATE **4-24-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)