2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90449 042 ***150.00

DOCUMENT # 003860

1. Entity Name
THE MONTICELLO COMPANIES, INC.

Principal Place of Business	Mailing Address
1604 STOCKTON STREET JACKSONVILLE FL 32204	1604 STOCKTON STREET JACKSONVILLE FL 32204 US

☐ CHECK HERE IF MAKING CHANGES

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 59-0366140 ☐ 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
ROBERTS, WILLIAM R 1604 STOCKTON STREET JACKSONVILLE FL 32204	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William R. Roberts WILLIAM R. ROBERTS 4-4-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D. DEAN, HENRY E III 1604 STOCKTON STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D DEAN, THOMAS D.S. 1604 STOCKTON STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.D. CUMMINS, ELOISE 1604 STOCKTON STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBERTS, WILLIAM R 711 NORTH OAK STREET VALDOSTA GA 31601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D. ROBERTS, WILLIAM R. 711 NORTH OAK ST. VALDOSTA, GA 31601 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, FRANK T 3309 US HWY 84 W VALDOSTA GA 31601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, CLARENCE A 1604 STOCKTON ST. JACKSONVILLE FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D. DEAN, CLARENCE A. 1604 STOCKTON ST. JACKSONVILLE, FL 32204 ☒ Change ☐ Addition

CR2E034 (10/02)

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: William R. Roberts REQUIRED WILLIAM R. ROBERTS - 904-384-3666 4/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #