

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91475 032 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J41226

1. Entity Name
MONTVERDE HILLS CORPORATION

10088418

Principal Place of Business
5601 WINDHOVER DRIVE
ORLANDO, FL 32819-4905 USMailing Address
5901 WINDHOVER DR.
ORLANDO, FL 32819-7905 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
59-2745605Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARDER MICHAEL
100 W CYPRESS CREEK RD STE 700
FT LAUDERDALE, FL 33309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when submitting)

DATE

NEWLY REGISTERED
 CORPORATION
 100 W CYPRESS CREEK RD STE 700
 FT LAUDERDALE, FL 33309

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPDPS
SIEGEL, DAVID A
5601 WINDHOVER DRIVE
ORLANDO, FL 32819TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPT
DUGAN, THOMAS F
5601 WINDHOVER DRIVE
ORLANDO, FL 32819TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 information.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Dugan

4/24/03 407-351-3351

Date

Corporate Phone #

CH2EG04 (10/02)