FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 AUG 19 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/23/02--01043--013
****308.75 ****308.75

DOCUMENT # 232201

1. Entity Name

MONTY'S 5 & 10C STORES, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
591 S.E. 11 ST	SAME C/O MAGUIRE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State
Zip: 33060 Country: U S	Zip Country

4. FEI Number: 59-0754403 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SUSAN MAGUIRE

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

591 S E 11 ST

City: POMPANO BEACH FL Zip Code: 33060

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: Susan Maguire 8-14-02
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	PD
NAME	MONTGOMERY, E.A.
STREET ADDRESS	c/o MAGUIRE 591 S.E. 11 ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	VD
NAME	SUSAN MAGUIRE
STREET ADDRESS	591 S.E. 11 ST
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	ST
NAME	RUTH MONTGOMERY
STREET ADDRESS	ROUTE 4 BOX 158
CITY-ST-ZIP	MCLEANSBORO IL 62859
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: Susan C. Maguire 8-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #