

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90185 027 ***150.00

DOCUMENT # 346696

1. Entity Name
MONTY RENTALS INC.



Principal Place of Business
**5545 SHIRLEY STREET
NAPLES FL 34109
US**

Mailing Address
**5545 SHIRLEY STREET
NAPLES FL 33942**



2. Principal Place of Business

3. Mailing Address
7940 MAINLINE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT MYERS, FL

4. FEI Number **59-1173827**

Applied For
Not Applicable

Zip

Country

Zip

Country

33912 USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MONTGOMERY, MARVIN
5545 SHIRLEY STREET
NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name

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

7940 MAINLINE PARKWAY

City

FT MYERS, FL

FL

Zip Code

33912

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]

(NOTE: Registered Agent signature required when reinstating)

3/7/03

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
**PD
MONTGOMERY, MARVIN
5545 SHIRLEY STREET
NAPLES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**7940 MAINLINE PARKWAY
FT MYERS, FL 33913** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

Daytime Phone #

CFR2034 (10/02)