

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695041

1. Entity Name

LAMONTAGNE REALTY & INVESTMENT CO.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90038 050 \*\*\*158.75

Principal Place of Business

Mailing Address

P.O. BOX 2375  
STUART FL 34995

P O BOX 2375  
STUART FL 34995-2375

2. Principal Place of Business

% BRAD T. LAMONTAGNE

3. Mailing Address

% BRAD T. LAMONTAGNE

Suite, Apt. #, etc.

19201-B N.C. Hwy. 88 W.

Suite, Apt. #, etc.

19201-B N.C. Hwy. 88 W.

City & State

CRESTON NC

City & State

CRESTON NC

Zip

28615

Country

USA

Zip

28615

Country

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMONTAGNE, BRAD T.  
P O BOX 2375  
STUART FL 34995

Name: BRAD T. LAMONTAGNE

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

2171 S.W. RIVERSIDE DRIVE

City

PALM CITY

FL

Zip Code

34990

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 Brad T. Lamontagne

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

BRAD T. LAMONTAGNE

(NOTE: Registered Agent signature required when reinstating)

1/18/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME LAMONTAGNE, BRAD T  
STREET ADDRESS P.O. BOX 2375  
CITY-ST-ZIP STUART FL 34995 ☐ Delete

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

TITLE D  
NAME LAMONTAGNE, BRAD T  
STREET ADDRESS P O BOX 2375  
CITY-ST-ZIP STUART FL 34995 ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brad T. Lamontagne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)