

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90010 019 ***158.75

0621691 AT

DOCUMENT # 695041

1. Entity Name
LAMONTAGNE REALTY & INVESTMENT CO.

Principal Place of Business
C/O BRAD T LA MARTAGNE
19201 B NC HWY 88W
CRESTON NC 28615

Mailing Address
C/O BRAD LA MARTAGNE
19201 B NC HWY 88 W
CRESTON NC 28615



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BRAD T. LAMONTAGNE
 Suite, Apt. #, etc.
19201-B N.C. Hwy. 88 W.
 City & State
CRESTON, NC

Zip
28615
 Country
AS HE

3. Mailing Address

BRAD T. LAMONTAGNE
 Suite, Apt. #, etc.
19201-B N.C. Hwy. 88 W.
 City & State
CRESTON, NC

Zip
28615
 Country
AS HE

4. FEI Number
59-2099964

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMONTAGNE, BRAD T.
2171 SW RIVERSIDE DRIVE
PALM CITY FL 34990

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.

SIGNATURE

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE
PST
 NAME
LAMONTAGNE, BRAD T.
 STREET ADDRESS
19201-B NC HWY 88 WEST
 CITY-ST-ZIP
CRESTON NC 28615 ☐ Delete

TITLE
D
 NAME
LAMONTAGNE, BRAD T
 STREET ADDRESS
19201-B NC HWY 88 WEST
 CITY-ST-ZIP
CRESTON NC 28615 ☐ Delete

TITLE
AS
 NAME
LAMONTAGNE, MARY M
 STREET ADDRESS
19201-B NC HWY 88 WEST
 CITY-ST-ZIP
CRESTON NC 28615 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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** **1/9/02** **336385-2442**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)