

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A04008**

1. Entity Name
MONTREAL, LTD.



FILED
Apr 08, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
**10 S. HARBOR CITY BLVD
MELBOURNE FL 32901**

Mailing Address
**10 S. HARBOR CITY BLVD
MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-1509437**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUITT, JAMES H. - Deceased
10 SOUTH HARBOR CITY BOULEVARD
MELBOURNE FL 32901

Name **James M. Pruitt**

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

10 So. Harbor City Blvd.

City **Melbourne**

FL

Zip Code **32901**

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.

3/20/2003
DATE

9. Capital Contributions as Shown on record. **\$188,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **259720**
NAME **JAMES H. PRUITT REAL ESTATE, INC.**
STREET ADDRESS **10 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

STREET ADDRESS

CITY-ST-ZIP

700014684077
04/10/03--01086--021 **88.75

DOCUMENT #
NAME **UNDERILL, H. J III**
STREET ADDRESS **490 N. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

700014684077
03/25/03--01063--021 **437.50

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-20-03 321-723-1147

Date Daytime Phone #

CR2E003 (10/02)

0009827