

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10322

1. Entity Name

JAMES I. MONTGOMERY REALTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90019 036 ***150.00

Principal Place of Business

Mailing Address

525 EAST OLYMPIA AVENUE
 SUITE 7
 PUNTA GORDA FL 33950
 US

525 EAST OLYPIA AVENUE
 SUITE 7
 PUNTA GORDA FL 33950
 US

2. Principal Place of Business

3. Mailing Address

254 West Marion Ave.

254 West Marion Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #2

Unit #2

City & State

City & State

Punta Gorda, FL

Punta Gorda, FL

Zip

Country

Zip

Country

33950 Charlotte

33950 Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0215160

Applied For

Not Applicable

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

MONTGOMERY, JAMES I.
 525 EAST OLYMPIA AVENUE
 SUITE #7
 PUNTA GORDA FL 33950

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 type 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, 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	DPS	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JAMES I.	
STREET ADDRESS	525 EAST OLYMPIA AVENUE SUITE #1	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTGOMERY, JAMES I.	
STREET ADDRESS	525 EAST OLYPIA AVENUE SUITE #1	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	254 W. MARION AVE #2	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James I. Montgomery 4-25-00 941 575 2000

CR2E034 (9/99)