

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10322

1. Entity Name

JAMES I. MONTGOMERY REALTY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90017 043 ***150.00

Principal Place of Business

254 W MARION AVE
UNIT #2
PUNTA GORDA FL 33950
US

Mailing Address

254 W MARION AVE
UNIT #2
PUNTA GORDA FL 33950
US

2. Principal Place of Business

265 East Marion Ave.

3. Mailing Address

265 East MaRION Ave.

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite 111

City & State

Punta Gorda, FL

City & State

Punta Gorda, FL

Zip

33982

Country

USA

Zip

33982

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

265 East Marion Avenue

Suite 111

Punta Gorda, FL

FL

Zip Code
33950

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

James I. Montgomery

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-01

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, 2001 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 DPST
NAME MONTGOMERY, JAMES I.
STREET ADDRESS 254 W MARION AVE #2
CITY-ST-ZIP PUNTA GORDA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 265 East Marion Ave.
STREET ADDRESS Suite 111
CITY-ST-ZIP Punta Gorda, FL 33950

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *James I. Montgomery*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01

941-575-2800

CR2E034 (10/00)