

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90503 044 ***150.00

DOCUMENT # L88599

1. Entity Name

MONTY PRECAST, INC.



Principal Place of Business

**5545 SHIRLEY STREET
NAPLES FL 34109
US**

Mailing Address

**5545 SHIRLEY STREET
NAPLES FL 34109
US**

2. Principal Place of Business

7940 MAINLINE PKWY

3. Mailing Address

7940 MAINLINE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33913

Country

USA

Zip

33913

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0207421

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, ROBERT MARVIN
5545 SHIRLEY STREET
NAPLES FL 33942**

7. Name and Address of New Registered Agent

Name

7940 MAINLINE PKWY

City

FT MYERS

FL

Zip Code

33913

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MONTGOMERY, ROBERT MARVIN**
STREET ADDRESS **5545 SHIRLEY STREET**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MONTGOMERY, ROBERT MARVIN SR**
STREET ADDRESS **7940 MAINLINE PKWY**
CITY-ST-ZIP **FT MYERS, FL 33913**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another life empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)