FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2003 8:00 am Secretary of State M78100 DOCUMENT # 04-28-2003 91817 001 \*\*\*300.00 1. Entity Name MONTANNA AND ASSOCIATES, INC. Principal Place of Business Mailing Address 733 WEST SMITH STREET 733 WEST SMITH STREET ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2878477 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BREWER, DENNY H., III Street Address (P.O. Box Number is Not Acceptable) 733 WEST SMITH STREET ORLANDO FL 33804 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE BREWER, DENNY H., III NAME NAME STREET ADDRESS 733 WEST SMITH STREET STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE GILKEY, SHARON M. NAME NAME 733 WEST SMITH STREET STREET ADDRESS STREET ADDRESS CITY-ST-719 ORLANDO FL 32804 CITY-ST-ZIP VP - ----Director Secretary Delete (X Addition TITLE TITLE UZUPES, VANESSA M. NAME NAME STREET ADDRESS STREET ADDRESS 733 WEST SMITH STREET CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP **VPD** ☐ Change ☐ Addition Delete TITLE TITLE BREWER, CAROLYN K NAME NAME OVERLOOK DRIVE, RT 2, BOX 137 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEN MILE TN 37880 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition Brewer, Denny H Jr NAME NAME OVERLOOK DR, RT 2, BOX 137 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEN MILE TN 37880 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: