

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46717

1. Entity Name

OWNERS AND VOTERS OF MONTURA, INC.

FILED

Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90009 043 ****70.00

Principal Place of Business

DR. DOOLITTLE HAPPY FARM
784 APPALOOSA AVENUE
CLEWISTON FL 33440
US

Mailing Address

P O BOX 367
LABELLE FL 33975
US

C/O ALEXANDRA
MONTIEL

2. Principal Place of Business

SAME

3. Mailing Address

MB 8819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 2428

City & State

City & State

PENSACOLA FL 32513

Zip

Country

Zip

Country

4. FEI Number

65-0561307

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRMANN, TOM REV.
HC 61 BOX 535
P O BOX 367
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME PD
HERRMANN, TOM REV.
STREET ADDRESS 778 APPALOOSA
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE
NAME SD
GIZAS, MARIA
STREET ADDRESS 6050 JASMINE STREET
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE
NAME D
MONTIEL, ALEXANDRA
STREET ADDRESS 778 APPALOOSA
CITY-ST-ZIP CLEWISTON FL 33440 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

18002258872

CR2E037 (9/01)