2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001435

1. Entity Name

MONTURA ACTION GROUP-CRIME WATCH, INC.

Principal Place of Business	Mailing Address	٠,
MONTURA RANCH ESTATES CLUBHOUSE CLEWISTON FL 33440	H.C. 61 BOX 365 CLEWISTON FL 33440	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Jan 09, 2001 8:00 am Secretary of State 01-09-2001 90049 041 ****61.25

MONTURA RAN CLUBHOUSE CLEWISTON FL	. 33440	H.C. 61 BOX 365 CLEWISTON FL 33440					
2. Principal Pla	ace of Business	3. Mailing Address			. 4(5 (4(5) 4(7) 427)		}#1 #311 1##1
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State)	City & State		4. FEI Number	er 65-0676845		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	itional
	6. Name and Address of Currer	t Registered Agent		7. Name and	Address of New Registe	red Agent	
			Name				
HARDY, LO	011		Street A	ddress (P.O. Box Numb	er is Not Acceptable)		
	TRIBO STREET		<u> </u>			<u> </u>	
H.C. 61 BC			City			Zip Code	
	ON FL 33440		City			FL Zip Code	
8. The above i	named entity submits this statement	for the purpose of changing its	registered office o	r registered agent, or bo	th, in the state of Florida.		
	0 ~.				·		
SIGNATURE	for starde		RDY	P.V.	JAN	15 200	7
GIGITATION E	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signal	ture required when reinstating)		AIE (
-	FILE NOW:	9. Election Campaign Trust Fund Contribu	_	\$5.00 May Be Added to Fees		eck Payable to nent of State	
	FEE IS \$61.25	,		, 10000 10 1 000			
10.	OFFICERS AND		11.		IANGES TO OFFICERS AN		10
10.	<u> </u>]		10
TITLE NAME	OFFICERS AND D PV HARDY, LOU	DIRECTORS	11. TITLE NAME]	ID DIRECTORS IN	10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DEPTH PARTY, LOU 440 N. ESTRIBO STREET	DIRECTORS	11. TITLE NAME STREET ADDRESS]	ID DIRECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PV HARDY, LOU	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CH	IANGES TO OFFICERS AN	ID DIRECTORS IN	Addition
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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.

863-983-6666