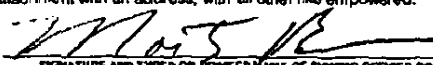


FILED
Jun 18, 2003 8:00 am
Secretary of State

06-05-2003 90130 021 ***150.00

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

DOCUMENT # P92000007927					
1. Entity Name MONTYCO INC.					
Principal Place of Business 2881 WASSUM TRAIL CHULUOTA, FL 32766			Mailing Address 2881 WASSUM TRAIL CHULUOTA, FL 32766		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3154775	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, CLAYTON D 200 W. FIRST STREET SUITE 22 SANFORD, FL 32771				7. Name and Address of New Registered Agent Name MONTY BROWN Street Address (P.O. Box Number is Not Acceptable) 2881 Wassum Trail City Chuluota FL Zip Code 32766	
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  MONTY BROWN 5/20/2003 (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent's signature required when reissuing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROWN, MONTY 3161 ERSKINE DR ORLANDO, FL 32826 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONTY BROWN 2881 Wassum Trail Chuluota, FL 32766 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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 607, 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:  MONTY BROWN - Pres.			407/971-8741		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Office Daytime Phone		

55048822

☐ CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)