

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-16-2003 90147 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

6/1

DOCUMENT # **P93 000017115**
1. Entity Name **MONARCH PROPERTY MGMT INC**
451 WATERS DR.
FT. PIERCE FL 34946



DO NOT WRITE IN THIS SPACE

55049936

2. Principal Place of Business
451 WATERS DR
Suite, Apt. #, etc.
3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **FT. PIERCE FL** City & State
Zip **34946** Country **USA** Zip Country
4. FEI Number **65-0392494** Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Not Applicable

7. Name and Address of Current Registered Agent
Name **JAMES P. MACOMBER**
Address **451 WATERS DR.**
City **FT. PIERCE** FL Zip Code **34946**

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) (Notar: Registered Agent signature required when registering) DATE

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY- ST- ZIP
PRESIDENT	JAMES P. MACOMBER	451 WATERS DR	FT. PIERCE FL 34946
V. PRES & SEC	JUDITH MACOMBER	451 WATERS DR	FT. PIERCE FL 34946

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with authority like empowered.

SIGNATURE: **JAMES P. MACOMBER** PRES 6/1 772-545-7839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034B (12/02)

*Attachment**35049936**#PA300001715*

MONARCH PROPERTY MANAGEMENT INC.

451 WATERS DRIVE
FT. PIERCE, FL 34946
772-595-9839
Fax 772-595-0354
Cell 772-519-0713

June 24, 2003

Florida Department of State
Glenda E. Hood, Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Gentlemen:

Please be advised that as of April 2003, I had not received my Division of Corporation pre-printed renewal form. At that time, I called to inform the Division and was advised that one would be sent. I asked about making the May 1st deadline date and was told to complete and return the form as soon as I received it with a note of explanation attached. However, I never received the form so I mailed my check for \$150.00 in May without the form.

My check was returned with a form that I completed and mailed back. I received your letter dated 6/18/03 on 6/23/03 requesting me to list the directors of the corporation and showing a \$400.00 penalty as owed. Since the officers haven't changed and it didn't appear as a needed item on the form, I didn't fill out those spaces. Previously, it was always preprinted on the forms.

I called your Division today and spoke with Amy who advised me to draft this letter to waive the \$400.00 late fee you requested. I hope this will clear up the confusion.

Sincerely,

L.P. Macomber
L.P. Macomber
License CBC 035000