

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000068352**

1. Entity Name

MONTGOMERY & ASSOCIATES CONSULTING, INC.**FILED****May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90162 040 ***150.00

Principal Place of Business

Mailing Address

1000 SAN ANTONIO DR
LAKELAND FL 338134639 SAN ANTONIO DR
LAKELAND FL 33813-2037
US

2. Principal Place of Business

1814 NEW JERSEY ROAD

Suite, Apt. #, etc.

3. Mailing Address

1814 NEW JERSEY RD.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3208539

Applied For

Not Applicable

Zip

Country

33803-2415**US**

Zip

Country

33803-2415**US**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MONTGOMERY, ANTHONY
4639 SAN ANTONIO DR
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1814 NEW JERSEY RD.

City

LAKELAND**FL**Zip Code
33803

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DPV** ☐ Delete
NAME **MONTGOMERY, ANTHONY**
STREET ADDRESS **4639 SAN ANTONIO DR**
CITY-ST-ZIP **LAKELAND FL 33813**TITLE **DST** ☐ Delete
NAME **MONTGOMERY, DEBORAH**
STREET ADDRESS **4639 SAN ANTONIO DR**
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah L. Montgomery 4-28-00 863-683-6906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)