

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90444 019 ***150.00

DOCUMENT # P94000011754

1. Entity Name

MONTAFON DEVELOPMENT CORPORATION

671732

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3841 CAPE POINTE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

C/O MCGRATH & MEYERS PA

Suite, Apt. #, etc.

5725 CORPORATE WAY, #101

DO NOT WRITE IN THIS SPACE

City & State
JUPITER, FL

City & State
WEST PALM BEACH, FL

4. FEI Number

65-0468595

Applied For

Not Applicable

Zip
33477

Country
PALM BEACH

Zip
33407

Country
PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MEYERS, GAIL C CPA

Street Address (P.O. Box Number is Not Acceptable)
MCGRATH & MEYERS, PA

5725 CORPORATE WAY, #101

City
WEST PALM BEACH

FL

Zip Code
33407-2022

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
DPS
NAME
STUCKLER, JOHANNES
STREET ADDRESS
3841 CAPE POINTE CIRCLE
CITY- ST- ZIP
JUPITER, FL 33477

TITLE
DV
NAME
STUCKLER, ELISABETH
STREET ADDRESS
3841 CAPE POINTE CIRCLE
CITY- ST- ZIP
JUPITER, FL 33477

TITLE
T
NAME
MEYERS, GAIL C CPA
STREET ADDRESS
5725 CORPORATE WAY, #101
CITY- ST- ZIP
WEST PALM BEACH, FL 33407

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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 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 #

CR2E034B (12/01)