

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90058 028 ***150.00

DOCUMENT # P94000011754

1. Entity Name
MONTAFON DEVELOPMENT CORPORATION



Principal Place of Business
**3841 CAPE POINTE CIRCLE
JUPITER FL 33477**

Mailing Address
**C/O MCGRATE & MEYERS PA
5725 CORPORATE WAY, #101
WEST PALM BEACH FL 33407**



2. Principal Place of Business
7984 SE SARATOGA DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOBE SOUND, FL

City & State

4. FEI Number **65-0468595**

Applied For
Not Applicable

Zip
33455

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYERS, GAIL C CPA
MCGRATH & MEYERS, P.A.
5725 CORPORATE WAY, SUITE 101
WEST PALM BEACH FL 33407-2022**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Gail C Meyer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **STUCKLER, JOHANNES**
STREET ADDRESS **7984 SE SARATOGA DRIVE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **DV** ☒ Change ☐ Addition
NAME **STUCKLER, ELISABETH**
STREET ADDRESS **7984 SE SARATOGA DRIVE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

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

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

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: *Stuckler Johannes* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

Date

Daytime Phone #

CR2E034 (10/02)