2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P95000033296 1. Entity Name MONTGOMERY CONSULTING GROUP, INC. 03-06-2001 90339 019 ***158.75 Principal Place of Business Mailing Address 225 SOUTH SWOOPE AVENUE 225 SOUTH SWOOPE AVENUE SUITE 204 SUITE 204 00022083 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address 157 E New England AVP, NR 157 E. New England Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 340 Suite 30 City & State 4. FEI Number Applied For 59-3310365 Winter Park Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32789 **OX** USA US. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GETTYS, MONTGOMERY** Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH SWOOPE AVENUE SUITE 204 MAITLAND FL 32751 City 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. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition **GETTYS. MONTGOMERY** NAME NAME STREET ADDRESS 1165 WOODMERE DR STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

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