2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049687

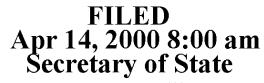
MONTGOMERY TECHNOLOGY INC.

Principal Place of Business

Mailing Address

JE SUTSCHEK STREET N.E. BAY FL 32907

P.O. BOX 501124 MALABAR FL 32950-1124



04-14-2000 90121 028 ***150.00



2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE		DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3328641		Applied For Not Applicable	
Zip	Country	Zip	Country Brevard	5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired	
6.	Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent			
MONTGOMERY, JEROME 1578 SUTSCHEK ST. N.E. PALM BAY FL 32907			Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip	Code	
8. The above name	ed entity submits this statement for	the purpose of changing its	registered office or	gistered agent, or both, in the State of Florida.			
SIGNATURE	ure, typed or printed name of registered agent at	nd title if applicable (NOTe	Registered Agent signatur	equired when reinstating)	DATE		
.,			!! FEE IS \$150.0 00 Fee will be \$5! le to Department			55.00 May Be Added to Fees	
11.	OFFICERS AND [DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 11	
STREET ADDRESS 157	es Ntgomery, Jerome 18 Sutschek St. N. 1M Bay Fl. 32907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Cha	ange	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-2)P		☐ Chi	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP		☐ Cha	ange Addition	
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TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I furth	☐ Cha		

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.

ING OFFICER OR DIRECTOR