

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90044 014 \*\*\*150.00

**DOCUMENT # P95000049687**

1. Entity Name

**MONTGOMERY TECHNOLOGY INC.**

Principal Place of Business

**1578 SUTSCHEK STREET N.E.  
 PALM BAY FL 32907  
 US**

Mailing Address

**P.O. BOX 501124  
 MALABAR FL 32950  
 US**

2. Principal Place of Business

**1939 Summer Club Drive**

3. Mailing Address

**1939 Summer Club Drive**

Suite, Apt. #, etc.

**#213**

Suite, Apt. #, etc.

**#213**

City & State

**Oviedo, FL**

City & State

**Oviedo FL**

Zip

**32765**

Country

**USA**

Zip

**32765**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTGOMERY, JEROME**

**1578 SUTSCHEK ST. N.E.**

**PALM BAY FL 32907**

*see change*

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRES  
 MONTGOMERY, JEROME  
 1578 SUTSCHEK ST. N. *see change*  
 PALM BAY FL 32907**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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:

*Jerome Montgomery*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/01**  
 Date

**(407) 359-6998**  
 Daytime Phone #

CR2E034 (10/00)