

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90071 040 ***150.00

DOCUMENT # P95000091474

1. Entity Name

MONTROSE INTERNATIONAL CARS & TRUCKS INC.

Principal Place of Business

Mailing Address

300 N ST
 LONGWOOD FL
 US

300 N ST
 LONGWOOD FL 32750
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

450 Ginger Lane
 Suite, Apt. #, etc.
Winter Springs
 City & State
FL 32708

3. Mailing Address

450 Ginger Lane
 Suite, Apt. #, etc.
Winter Springs
 City & State
FL

4. FEI Number **59-3351525**

Applied For
 Not Applicable

Zip Country

Zip Country

32708

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

CHAMBERS, LLOYD M
728 ENDEAVOUR DRIVE SOUTH
WINTER SPRINGS FL 32708

450 Ginger Lane
Winter Springs
FL 32708

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 **P** ☐ Delete
 NAME **CHAMBERS, LLOYD M**
 STREET ADDRESS **728 ENDEAVOUR DRIVE SOUTH**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **SVP** ☐ Delete
 NAME **CHAMBERS, JOAN T**
 STREET ADDRESS **728 ENDEAVOUR DRIVE SOUTH**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Chambers

4/26/01

Date

(407) 327-3227

Daytime Phone #

CR2E034 (10/00)