

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90136 042 ***150.00

DOCUMENT # P96000013151

1. Entity Name
MONT-VAL, INC.



Principal Place of Business
**1519 S DALE MABRY
TAMPA FL 33629
US**

Mailing Address
**1519 S DALE MABRY
TAMPA FL 33629
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3367547**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**VAUGHN, LAVINIA JAMES
CARLTON FIELDS
777 HARBOR ISLAND BLVD
TAMPA FL 33602**

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 _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS**
NAME **MONTANARO, ANGELO** ☐ Delete
STREET ADDRESS **485 W DAVIS BLVD**
CITY-ST-ZIP **TAMPA FL**

TITLE
NAME
STREET ADDRESS **4113 Henderson Blvd** ☒ Change ☐ Addition
CITY-ST-ZIP **Tampa FL 33629**

TITLE **VPD**
NAME **VALLARIO, D ALLEN** ☐ Delete
STREET ADDRESS **218 28TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **VP**
NAME **KING, KURT D** ☒ Delete
STREET ADDRESS **4024 BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *Angelo C Montanaro* **Angelo C Montanaro PDS 2-7-03** 813- 289-1634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)