

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000030138

FILED  
Feb 11, 2003  
Secretary of State

Entity Name: J A MONTRONE & ASSOCIATES, INC.

## Current Principal Place of Business:

6305 AUGUSTA BLVD  
SEMINOLE, FL 33777 US

## New Principal Place of Business:

## Current Mailing Address:

6305 AUGUSTA BLVD  
SEMINOLE, FL 33777 US

## New Mailing Address:

FEI Number: 59-3371283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTRONE, JOYCE A  
8711 BLIND PASS ROAD, #309  
ST. PETERSBURG BEACH, FL 33706

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: MONTRONE, JOYCE A  
Address: 6305 AUGUSTA BLVD  
City-St-Zip: SEMINOLE, FL 33777

Title: D ( ) Delete  
Name: MONTRONE, JOSEPH JR  
Address: 6305 AUGUSTA BLVD  
City-St-Zip: SEMINOLE, FL 33777

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE A MONTRONE

PVST

02/11/2003

Electronic Signature of Signing Officer or Director

Date