

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048668

1. Entity Name

PAUL MONTGOMERY STUDIO, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90081 031 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4662 ASHTON RD~~  
~~SARASOTA FL 34233~~  
~~US~~

~~4662 ASHTON RD.~~  
~~SARASOTA FL 34233~~  
~~US~~

2. Principal Place of Business

4171 Lee Jackson Hwy

Suite, Apt. #, etc.

#115

3. Mailing Address

PO Box 277

Suite, Apt. #, etc.

City & State

Greenville VA

City & State

Greenville VA

Zip

24440

Country

USA

Zip

24440

Country

USA

4. FEI Number

65-0673683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A  
1605 MAIN STREET STE 1001  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

TITLE PST  
NAME MONTGOMERY, PAUL ☐ Delete  
STREET ADDRESS 4662 ASHTON ROAD  
CITY-ST-ZIP SARASOTA FL

TITLE ST  
NAME MILLIGAN, ARTHUR ☒ Delete  
STREET ADDRESS 4662 ASHTON RD.  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME MONTGOMERY, PAUL  
STREET ADDRESS 4171 Lee Jackson Hwy. #115 PO Box 277  
CITY-ST-ZIP Greenville, VA 24440-0277

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Paul Montgomery* ~~4662~~ GPMontgomery

4.18.01

540-324-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (0/00)