

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90181 030 ***150.00

DOCUMENT # P96000048668

1. Entity Name
PAUL MONTGOMERY STUDIO, INC.



Principal Place of Business
**4171 LEE JACKSON HWY
115
GREENVILLE VA 24440
US**

Mailing Address
**PO BOX 277
GREENVILLE VA 24440
US**



2. Principal Place of Business

3. Mailing Address

175 Lime Kiln Rd.

PO Box 976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Churchville VA

Churchville VA

Zip

Country

Zip

Country

USA

24421

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

7. Name and Address of New Registered Agent

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

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 **PST**
NAME **MONTGOMERY, PAUL**
STREET ADDRESS **4171 LEE JACKSON HWY 115**
CITY-ST-ZIP **GREENVILLE VA 24440**

☐ Delete

TITLE **PST**
NAME **Montgomery, Paul**
STREET ADDRESS **175 Lime Kiln Rd.**
CITY-ST-ZIP **Churchville VA 24421**

☒ Change ☐ Addition

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul Montgomery

1-6-03

Date

Daytime Phone #

CR2E034 (10/02)