

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91290 002 ***150.00

DOCUMENT # **P96000090465**

1. Entity Name

MONTEOCHA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4917 NW 34th ST

3. Mailing Address

4917 NW 34th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number

593417948

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

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

Name

RAYMOND B. MULLINS

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

4917 NW 34th ST

City

GAINESVILLE

FL

Zip Code

32605

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

Raymond B. Mullins, Agent

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D/M
STREET ADDRESS	MULLINS, RAYMOND B.
CITY-ST-ZIP	4917 NW 34th ST
	GAINESVILLE FL 32605
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/D
STREET ADDRESS	ELLIS, CHRISTINE M.
CITY-ST-ZIP	4917 NW 34th ST
	GAINESVILLE, FL 32605
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	GASS, CHARLIE A.
CITY-ST-ZIP	4917 NW 34th ST.
	GAINESVILLE, FL 32605
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Raymond B. Mullins

RAYMOND MULLINS

4-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)