

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000094259**1. Entity Name
MONTAGNA & ASSOCIATES, INC.

Principal Place of Business 106 PALMETTO DUNES CIRCLE NAPLES FL 34113 US	Mailing Address 106 PALMETTO DUNES CIRCLE NAPLES FL 34113 US
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2. Principal Place of Business 2205 ARIELLE DRIVE	3. Mailing Address 2205 ARIELLE DRIVE
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Suite, Apt. #, etc. # 1308	Suite, Apt. #, etc. # 1308
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34109	Country US	Zip 34109	Country US
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4. FEI Number 59-3402591	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MONTAGNA RONALD J**
106 PALMETTO DUNES CIR
SUITE 1050
NAPLES FL 34113 US**7. Name and Address of New Registered Agent**

Name MONTAGNA RONALD J
Street Address (P.O. Box Number is Not Acceptable) 2205 ARIELLE DRIVE
1308
City NAPLES FL
Zip Code 34109

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 **RONALD J MONTAGNA****01/07/2001**

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAGNA MARIANNE 106 PALMETTO DUNES CIRCLE NAPLES FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTAGNA RONALD JOHN 106 PALMETTO DUNES CIRCLE NAPLES FL 34113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MONTAGNA MARIANNE 2205 ARIELLE DRIVE # 1308 NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MONTAGNA RONALD JOHN 2205 ARIELLE DRIVE # 1308 NAPLES FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ronald J Montagna

VP

01/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)