

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 035 ***150.00

DOCUMENT # **P97000040435**

1. Entity Name

MONTANA REALTY CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

475. PAIM AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JARVISDA FL.

City & State

4. FEI Number

05-0751439

Applied For

Not Applicable

Zip

34236

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

AMERI LAWYER CHARTERED.

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

343 AMERICA AVE.

City

FL

33994.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**Pres. Off.
LEE MEIER.
475. PAIM AVE STE. 210A
JARVISDA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.P.
Roger Tichenor
475. S. PAIM AVE STE. 210A.
JARVISDA FL 34236.**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

941-934-4481.

Daytime Phone #

CR2E034B (12/01)