M=05 FOR PROFIT CORPORATION **BUSINESS REPORT (UBR)** FILED DOCUMENT # 797000075504 1. Entity Name Montrose Enterprises Inc 03 APR -9 AM 7:35 SECRETARY OF STATE FALLAHASSEE. FLORIDA W03 - 2847 DO NOT WRITE IN THIS SPACE 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 59-34675 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Ac IN THIS SPACE 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 Amended UBR is \$61.25 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE **000015564480** 04/09/03--01076--017 \*\*450.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 on an attachment with an address, with all other like ampowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

## MONTROSE ENTERPRISES, INC. 4790 S. Cleveland Ave. Apt. #2105 Ft. Myers, FL 33907

January 15, 2003

Division of Corporations Uniform Business Report Filings PO-Box 1627 Tallahassee, FL 32314

RE: Montrose Enterprises, Inc. P97000075508

Dear Sir or Madam,

Enclosed is a check for \$450 to reinstate the corporation through 2003. I haven't received the UBR form.

Thank you for your assistance.

Sincerely,

Greg Piacentino, President Montrose Enterprises, Inc.