

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90518 039 \*\*\*150.00

**DOCUMENT # P97000106489**

**1. Entity Name**  
**MONTY SANITATION INC.**



**Principal Place of Business**  
**5545 SHIRLEY STREET**  
**NAPLES FL 34109**

**Mailing Address**  
**5545 SHIRLEY STREET**  
**NAPLES FL 34109**

**2. Principal Place of Business**  
**7940 MAINLINE PKWY**

**3. Mailing Address**  
**7940 MAINLINE PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**FT MYERS, FL**

**City & State**  
**FT MYERS, FL**

**Zip**  
**33913**

**Country**  
**USA**

**Zip**  
**33913**

**Country**  
**USA**

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-3491703**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MONTGOMERY, ROBERT MARVIN SR.**  
**5545 SHIRLEY STREET**  
**NAPLES FL 34109**

**7. Name and Address of New Registered Agent**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**  
**7940 MAINLINE PKWY**

**City** **FT MYERS** **FL** **Zip Code** **33913**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**  
**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **MONTGOMERY, ROBERT MARVIN JR**  
**STREET ADDRESS** **5545 SHIRLEY STREET**  
**CITY-ST-ZIP** **NAPLES FL 34109**

**TITLE** **ST** ☐ Delete  
**NAME** **MONTGOMERY, ROBERT MARVIN SR**  
**STREET ADDRESS** **5545 SHIRLEY STREET**  
**CITY-ST-ZIP** **NAPLES FL 34109**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VP** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **7940 MAINLINE PKWY**  
**CITY-ST-ZIP** **FT MYERS, FL 33913**

**TITLE** **PST** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **7940 MAINLINE PKWY**  
**CITY-ST-ZIP** **FT MYERS, FL 33913**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03**  
Date Daytime Phone #

CR2E034 (10/02)