

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90145 038 ***150.00

DOCUMENT # P98000049277

1. Entity Name
MONTOYA FINANCIAL SERVICES, INC.



Principal Place of Business
**408 N 4TH STREET
JACKSONVILLE BEACH FL 32250**

Mailing Address
**408 N 4TH STREET
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

1680 The Greens Way

Suite, Apt. #, etc.

3. Mailing Address

1680 The Greens Way

Suite, Apt. #, etc.

City & State
Jacksonville Beach, FL

Zip
32250

Country
Duval

City & State
Jacksonville Beach, FL

Zip
32250

Country
Duval

4. FEI Number
59-3517368

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BOND, C G ESQ
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
MONTOYA, H W
STREET ADDRESS
408 N 4TH STREET
CITY-ST-ZIP
JACKSONVILLE BEACH FL 32250

TITLE
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NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
President ☒ Change ☐ Addition
NAME
H. William Montoya
STREET ADDRESS
1680 The Greens Way
CITY-ST-ZIP
Jacksonville Beach, FL 32250

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2003 704.246.5250

CR2E034 (10/02)