

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073499

1. Entity Name

MONTGOMERY PROPERTY SERVICES, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90199 018 ***550.00

0087414 AV

Principal Place of Business

5047 CYPRESS TRACE DR
TAMPA FL 33624

Mailing Address

5047 CYPRESS TRACE DR
TAMPA FL 33624

2. Principal Place of Business

6520 FITZGERALD RD

3. Mailing Address

6520 FITZGERALD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Odessa FL

City & State

Odessa FL

Zip

33556

Country

Zip

33556

Country

4. FEI Number

59-3532523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRAGLIOTTA, DIANNE M
5047 CYPRESS TRACE DR
TAMPA FL 33624

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

Diane Miragliotta

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)

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FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME MIRAGLIOTTA, DIANE M
STREET ADDRESS 5047 CYPRESS TRACE DR
CITY-ST-ZIP TAMPA FL 33624
New Address →

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MIRAGLIOTTA, DIANE M
STREET ADDRESS 6520 FITZGERALD RD
CITY-ST-ZIP ODESSA, FL 33556
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Diane Miragliotta

CR2E034 (4/02)