

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099932

1. Entity Name
MONTAGNA ENTERPRISES, INC.

Principal Place of Business Mailing Address
1854 SEMINOLE RD. 1854 SEMINOLE RD.
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3544137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTAGNA, JULIUS J
733 NW 10TH ST
FORT LAUDERDALE FL 33319
1854 SEMINOLE RD.
ATLANTIC BEACH, FL
32233

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.

SIGNATURE JULIUS J. MONTAGNA, PRESIDENT DATE 11/08/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	MONTAGNA, SELVA	
STREET ADDRESS	1841 SELVA MARINA DRIVE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	JULIUS J. MONTAGNA	
STREET ADDRESS	1854 SEMINOLE RD.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIUS J. MONTAGNA	
STREET ADDRESS	1854 SEMINOLE RD.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JULIUS J. MONTAGNA, PRESIDENT DATE 11/08/02 9042424849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90043 029 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)