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Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90042 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P 98000083562~~ P 98000099932

1. Entity Name
MONTAGNA ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
725 PLAZA	1015 ATLANTIC BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 341
City & State: ATLANTIC BEACH, FL	City & State: ATLANTIC BEACH, FL
Zip: 32233 Country: DUVAL	Zip: 32233 Country: DUVAL

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544137 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JULIUS J. MONTAGNA
Street Address (P.O. Box Number is Not Acceptable): 725 PLAZA
~~ATLANTIC BEACH~~
City: ATLANTIC BEACH **FL** Zip Code 32233

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
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	PRESIDENT	TITLE	
NAME	JULIUS J. MONTAGNA	NAME	
STREET ADDRESS	1015 ATLANTIC BLVD. #341	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: J. J. Montg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 Date 9046087240 Daytime Phone #