## **2001 UNIFORM BUSINESS REPORT (UBR)** May 22, 2001 8:00 am<sup>3</sup> Secretary of State DOCUMENT # P99000017850 05-22-2001 90052 028 \*\*\*150.00 MONTANO INVESTMENTS, INC. Momeyestments Resource Go Principal Place of Business Mailing Address 2121 WEST BELMAR ST. 2121 WEST BELMAR ST. LAKELAND FL 33815 LAKELAND FL 33815 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For applied for Not Applicable <del>3710564</del> Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTANO, ARTHUR III Street Address (P.O. Box Number is Not Acceptable) 2121 WEST BELMAR ST. LAKELAND FL 33815 City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME MONTANO, ARTHUR III STREET ADDRESS STREET ADDRESS 2121 W. BELMAR STREET CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME

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.

CITY-ST-ZIP

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SIGNATURE:

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TITLE

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NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 St.1 802 17 23

☐ Change

Change

☐ Addition

☐ Addition