

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-09-2000 90080 036 ***150.00

DOCUMENT # P99000054084

1. Entity Name

MONTABREEZE, INC.

R

Principal Place of Business

6453 OLD DIXIE HIGHWAY
 FT. PIERCE FL 34946

Mailing Address

6453 OLD DIXIE HIGHWAY
 FT. PIERCE FL 34946

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

65-0952502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCHUGH, JOHN J JR
 333 17TH STREET, SUITE U
 VERO BEACH FL 32960

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS JENKINS, TERESA
 CITY-ST-ZIP 6453 OLD DIXIE HIGHWAY
 FT. PIERCE FL 34946

TITLE ☐ Change ☒ Addition
 NAME President
 STREET ADDRESS Matthew P. Schneider
 CITY-ST-ZIP 1928 Wyoming Ave
 Ft. Pierce, FL 34982

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Vice President
 STREET ADDRESS Marie S. Adams
 CITY-ST-ZIP 6481 Old Dixie Hwy
 Ft. Pierce, FL 34946

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Matthew P. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment

P9900054084

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