

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am
Secretary of State**

01-25-2000 90077 039 ***150.00

DOCUMENT # P99000079910

1. Entity Name

MONTEREY TRANSMISSIONS, INC.

Principal Place of Business

**542
542 SE MONTEREY RD
STUART FL 34994**

Mailing Address

**542
542 SE MONTEREY RD
STUART FL 34994-4408**

2. Principal Place of Business

542 SE MONTEREY RD

Suite, Apt. #, etc.

3. Mailing Address

542 SE MONTEREY RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART FL

City & State

STUART FL

4. FEI Number

65-0945442

Applied For

Not Applicable

Zip

34994

Country

USA

Zip

34994

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KEYSER, DONALD L
2532 SW GREENWICH WAY
PALM CITY FL 34990****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

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 \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	KEYSER, DONALD L	2532 SW GREENWICH WAY	PALM CITY FL 34990	

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**Donald L. Keyser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-00

Daytime Phone #

561 221-0081