

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000095202**1. Entity Name
MONTGOMERY & SON'S DETAILING SERVICES, INC.Principal Place of Business
635 LINCOLN AVE.
TARPON SPRINGS FL 34689
Mailing Address
635 LINCOLN AVE.
TARPON SPRINGS FL 34689

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
59-3602900
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTGOMERY ISIAH
635 LINCOLN AVE.TARPON SPRINGS FL
34689

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 **ISIAH MONTGOMERY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
T	MONTGOMERY ROBERT BIII	635 LINCOLN AVE.	TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
SD	MONTGOMERY ELLEN G	635 LINCOLN AVE.	TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
VD	MONTGOMERY TERRY L	635 LINCOLN AVE.	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/> Delete
PD	MONTGOMERY ISIAH	635 LINCOLN AVE.	TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	STEPHENS SHEILA D	147 RAMONA CIR.	PALM HARBOR FL 34683			
VD	MONTGOMERY ROBERT BIII	635 LINCOLN AVE.	TARPON SPRINGS FL 34689		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<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: **ISIAH MONTGOMERY**

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)