## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State DOCUMENT # P99000096989 1. Entity Name 05-19-2002 90030 050 \*\*\*150 00 THE MONTGOMERY GROUP, INC. Principal Place of Business Mailing Address 415 MONTGOMERY-ROAD, STE. 145 415-MONTGOMERY\_ROAD, STE, 145 ALTAMONTE SPRINGS FL 32714-ALTAMONTE SPRINGS EL 32714 2. Principal Place of Business Mailing:Address 2949 Wes Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 400 400 City & State ity & State 4. FEI Number Applied For 59-3604820 Not Applicable \$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 BERGER, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 415 MONTGOMERY ROAD, STE. 145 2949 W SR. 434 Longwood, Fl. ALTAMONTE SPRINGS FL 32714 City 32779 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 A PRESIDENT TITLE TITLE ☐ Delete Change : NAME BERGER, WILLIAM R NAME 4021 Shady Oak Court Lake Mary F! 32746-440/ 10 Governors Knob Change XAddin STREET ADDRESS 415-MONTGOMERY ROAD; STE: 145 STREET ADDRESS CITY-ST-ZIP ALTAMONTE: SPRINGS-FL-32744 CITY-ST-ZIP Vice President TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 line empowered. WILLIAM R. BERGER, PLESIA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP '

TYPED OR PRINTED NAME OF SIGN DIRECTOR

☐ Delete

☐ Change

☐ Addition