

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90108 030 ***150.00

DOCUMENT # S92732

1. Entity Name
THE MONTAGE GROUP, INC.

Principal Place of Business 5370 GULF OF MEXICO DRIVE SUITE 208 LONGBOAT KEY FL 34228	Mailing Address 5370 GULF OF MEXICO DRIVE SUITE 208 LONGBOAT KEY FL 34228-2047
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2. Principal Place of Business 1543 2ND ST.	3. Mailing Address 1543 2ND ST.
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34236	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BREUER, ELIZABETH A.
5370 GULF OF MEXICO DRIVE
SUITE 208
LONGBOAT KEY FL 34228

4. FEI Number **65-0300234**

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name			
Street Address (P.O. Box Number is Not Acceptable)	1543 2ND ST.		
	SUITE 102		
City	SARASOTA, FL	FL	Zip Code 34236

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 _____ DATE _____
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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BREUER, ELIZABETH A. 5370 GULF OF MEXICO DR LONGBOAT KEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1543 2ND ST. SUITE 102 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREUER, FRANK G. 5380 GULF OF MEXICO DR LONGBOAT KEY FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 556 S. PINEAPPLE SUITE A SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Elizabeth Breuer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **4/14/00** Daytime Phone #: **941-366-5757**

CRZE034 (9/99)