

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90048 021 ***150.00



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business 1543 2ND ST. SUITE, Apt. #, etc. 102	3. Mailing Address 1543 2ND ST. SUITE, Apt. #, etc. 102
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City & State SARASOTA FL	City & State SARASOTA FL
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4. FEI Number 65-0300234	Applied For <input type="checkbox"/> Not Applicable
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Zip 34236	Country SARASOTA	Zip 34236	Country SARASOTA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BREUER, ELIZABETH A.
 5370 GULF OF MEXICO DRIVE
 SUITE 208
 LONGBOAT KEY FL 34228**

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** 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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DPST BREUER, ELIZABETH A. 5370 GULF OF MEXICO DR LONGBOAT KEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREUER, FRANK G. 5380 GULF OF MEXICO DR LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1543 2ND ST. SUITE 102 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 556 S. PINEAPPLE AVE. SUITE A SARASOTA, FL 34236
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"/> Change <input type="checkbox"/> Addition
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"/> 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 A. Breuer* Date: 1/7/01 Daytime Phone #: 941-366-5757

CR2E034 (10/00)

