

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 003 ***150.00

DOCUMENT # V16831

1. Entity Name

MONTGOMERY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4251 UNIVERSITY BLVD S

3. Mailing Address
P O BOX 907

Suite, Apt. #, etc.
SUITE 102

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
SAN MATEO FL

4. FEI Number
59-3112445

Applied For
Not Applicable

Zip
32216 Country
US

Zip
32187-0907 Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HOLMES, DONALD E ATTY

Street Address (P.O. Box Number is Not Acceptable)
211 N 2ND ST

City
PALATKA FL Zip Code
32177

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
DP
MONTGOMERY, JAMES L
102 MOCKINGBIRD RD
SAN MATEO FL 32187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MONTGOMERY, LINDA K
102 MOCKINGBIRD RD
SAN MATEO FL 32178

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
MONTGOMERY, J M
102 MOCKINGBIRD RD
SAN MATEO FL 32187

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

904 737-8889

Date

Daytime Phone #

CR2E034B (12/01)