

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25048

1. Entity Name

MONTGOMERY MASONRY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90326 038 ***150.00

Principal Place of Business

Mailing Address

3558 LAWRENCE RD
 ORANG PARK FL 32073
 US

PO BOX 2771
 ORANGE PARK FL 32067-2771
 US

2. Principal Place of Business

1455 Plainfield Ave
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orange Park FL 32073

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3183954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTGOMERY, RICHARD O. JR.
 3558 LAWRENCE ROAD
 ORANGE PARK FL 32073

Name

Street Address (P.O. Box Number, Not Acceptable)

1455 Plainfield Ave.

City

Orange Park

FL

Zip Code

32073

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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	P MONTGOMERY, RICHARD O JR P.O. BOX 2771/N.A. ORANGE PARK FL	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

Richard O. Montgomery
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

Daytime Phone #

CR2E034 (9/99)