

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25048

1. Entity Name

MONTGOMERY MASONRY, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90082 023 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3538 LAWRENCE RD~~  
~~ORANGE PARK FL 32073~~  
~~US~~

~~PO BOX 2771~~  
~~ORANGE PARK FL 32067~~  
~~US~~

2. Principal Place of Business

520 Makanda Dr.

3. Mailing Address

520 Makanda Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs FL

City & State

Green Cove Springs FL

Zip

32043

Country

Clay

Zip

32043

Country

Clay

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

Richard O. Montgomery Jr.  
520 Makanda Dr.  
Green Cove Springs FL  
32043

Name

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

City

FL

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: Richard O. Montgomery Jr.

*Richard O. Montgomery Jr.*

4-15-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME MONTGOMERY, RICHARD O JR  
STREET ADDRESS P.O. BOX 2771/A. new address  
CITY-ST-ZIP ORANGE PARK FL above

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32067-2771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE: Richard O. Montgomery Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-01

Date

Daytime Phone #

CR2E034 (10/00)