

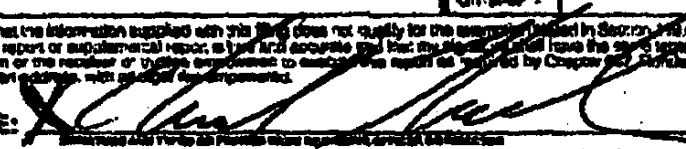


FILED
 Jun 23, 2003 8:00 am
 Secretary of State

05-05-2003 91417 008 ***150.00

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

DOCUMENT # F58870 1. Entity Name AMBS FOLIAGE, INC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 363 LESTER ROAD <small>State, Apt. #, etc.</small>			3. Mailing Address 363 LESTER ROAD <small>State, Apt. #, etc.</small>		
City & State APOPKA, FL		City & State APOPKA, FL		4. FEI Number 59-21-57322	Applied For <input type="checkbox"/> (Not Applicable)
Zip 32712	Country USA	Zip 32712	Country USA	5. Certificate of Secured <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name: AMBS, CLARK L.	
				Street Address (P.O. Box Number is Not Acceptable) 363 WEST LESTER ROAD City APOPKA FL Zip Code 32703	
8. The above named entity submits this statement for the purpose of bringing its registered office or registered agent, or both, in the State of Florida, in compliance with, and accept the obligations of registered agent.					
SIGNATURE 				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
OFFICERS AND DIRECTORS					
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Ambs, Clark L. 363 Lester Road, Apopka, FL 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE		
11. TITLE NAME STREET ADDRESS CITY - ST - ZIP	BD Ambs, Melanie W. 363 Lester Road, Apopka, FL 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
13. TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
14. TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
15. TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this form does not qualify for the exemption provided in Section 218.07(1)(a), Florida Statutes; I further certify that the information included on this report or supplemental report is true and accurate and that the agent named herein has the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 218, Florida Statutes; and that I have signed in Black Ink or an electronic ink or address with proper authentication.					
SIGNATURE: 					

CH20009 (12/02)