

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F58870

**Entity Name:** AMBS FOLIAGE, INC.

**Current Principal Place of Business:**

363 WEST LESTER ROAD  
APOPKA, FL 32712

**Current Mailing Address:**

363 WEST LESTER ROAD  
APOPKA, FL 32712 US

**FEI Number:** 59-2157322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMBS, CLARK L  
363 WEST LESTER ROAD  
APOPKA, FL 32712 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name AMBS, CLARK L  
Address 363 W LESTER ROAD  
City-State-Zip: APOPKA FL 32712

Title SD  
Name AMBS, MELANIE W  
Address 363 W LESTER ROAD  
City-State-Zip: APOPKA FL 32712

Title CFO  
Name AMBS, CLARK LLOYD  
Address 1195 DEGRAW DRIVE  
City-State-Zip: APOPKA FL 32712

Title COO  
Name AMBS, PAUL M  
Address 1135 ROCK CREEK STREET  
City-State-Zip: APOPKA FL 32712

Title AUTHORIZED REPRESENTATIVE  
Name FLORES, ANAJENESE  
Address 363 WEST LESTER ROAD  
City-State-Zip: APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANAJENESE FLORES

AR

03/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date