

2020 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 AMBS, 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 AMBS

AR

02/14/2020

Electronic Signature of Signing Officer/Director Detail

Date