

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90104 050 ***150.00

DOCUMENT # F00000001613

1. Entity Name

FLORIDA AMBIKA, INC.

Principal Place of Business

PALMS MOTEL
17784 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

Mailing Address

PALMS MOTEL
17784 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

C0012001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64330520

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WHIG, ANMOR R
FLORIDA PALM MOTEL
17784 FRONT BEACH RD
PANAMA CITY BEACH FL 32413

ANMOL

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

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 **FULAMBARKER, SONIA CRANDOK**
STREET ADDRESS **3320 WOOD ROAD**
CITY-ST-ZIP **RACINE WI 53406**

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

TITLE **V** ☐ Delete
NAME **WHIG, RENU**
STREET ADDRESS **6069 WEST MORGAN ST**
CITY-ST-ZIP **CHANDLER AZ 85226**

TITLE ☐ Change ☐ Addition
NAME **MEGAN ST.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KAPON, ANN W**
STREET ADDRESS **2534 BOXBOURNE CR**
CITY-ST-ZIP **MARIETTA GA 30067**

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

TITLE **V** ☐ Delete
NAME **WHIG, ANMOR R**
STREET ADDRESS **17784 FRONT BEACH ROAD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

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

TITLE **V** ☐ Delete
NAME **WHIG, TEJINDER K**
STREET ADDRESS **17784 FRONT BEACH ROAD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2001
Date

850.233.1136
Daytime Phone #

CR2E034 (10/00)