

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F00000001613

1. Entity Name

FLORIDA AMBIKA, INC.



FILED
Feb 12, 2004 08:00 AM
Secretary of State
Same No Change

Principal Place of Business

FLORIDA PALMS MOTEL
17784 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

Mailing Address

FLORIDA PALMS MOTEL
17784 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 61-1330520

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FULAMBARKER, SONIA CHANDOK
STREET ADDRESS 3320 WOOD ROAD
CITY-ST-ZIP RACINE WI 53406

TITLE ☐ Change ☐ Addition
NAME U00000048284
STREET ADDRESS 02/12/04-80074-012 150.00
CITY-ST-ZIP

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

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

TITLE S ☐ Delete
NAME KAPOOR, ANU W
STREET ADDRESS 2534 BOXBOURNE CR
CITY-ST-ZIP MARIETTA GA 30067

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

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

TITLE ☐ Change ☐ Addition
NAME
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2004
Date

Daytime Phone #