

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90016 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F00000002993**

1. Entity Name

Ambassador Building Service Contractors, Inc. (LA)

Principal Place of Business

Mailing Address

2. Principal Place of Business

7411 NW 40 St.

Suite, Apt. #, etc.

3. Mailing Address

7411 NW 40 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

haunderhill, Florida

Zip

33319

Country

USA

City & State

haunderhill, Florida

Zip

33319

Country

USA

4. FEI Number

34-1699951

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Atty. Michael Harris Wilfred Stubbs, Jr.
4900 W. Atlantic Blvd, Ste 7411 NW 40 St
Margate, Florida 33063 haunderhill, FL 33319

7. Name and Address of New Registered Agent

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 re-issuing)

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

TITLE **President/Owner** ☐ Delete
 NAME **Wilfred Stubbs, Jr.**
 STREET ADDRESS **7411 NW 40 St.**
 CITY-ST-ZIP **haunderhill, FL 33319**

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Delete
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 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ ☐ Delete
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 CITY-ST-ZIP _____

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE _____ ☐ Change ☐ Addition
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 NAME _____
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 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 all other like empowered.

SIGNATURE:

Wilfred Stubbs, Jr.

CR2004 (11/00)