## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

F02000000610

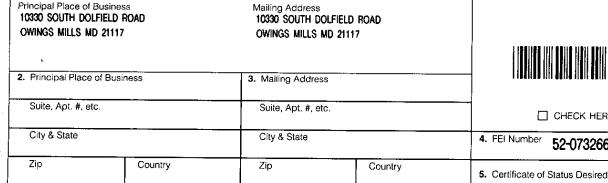


03-03-2003 90451 012 \*\*\*150.00

Mar 03, 2003 8:00 am & Secretary of State

FILED

1. Entity Name AMBEC, INC.





☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 52-0732666 Not Applicable \$8.75 Additional

7. Name and Address of New Registered Agent Name

Fee Required

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Street Address (P.O. Box Number is Not Acce	ptable)
City	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.

SIGNAT

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

☐ Change

☐ Addition

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10. OFFICERS AND DIRECTORS			11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLINSKY, TERRY K 10330 SOUTH DOLFIELD ROAD OWINGS MILLS MD 21117	Delete :	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President O'bonnelli Joseph E Jr 10330 South bollied Re Owings Mills, MD 21117	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT O'DONNELL, JOSEPH E JR. 10330 SOUTH DOLFIELD ROAD OWINGS MILLS MD 21117	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Opesidet Jacobs, wendy 10130 South Solfield Roo Owings Mills, MD 21117	☐ Change	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAUTH, FREDERICK E JR. 10330 SOUTH DOLFIELD ROAD OWINGS MILLS MD 21117	Delete Delete	TITLE  NAME: STREET ADDRESS CITY-ST-ZIP	d'and and and and and and and and and and	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, HARRIET 10330 SOUTH DOLFIELD ROAD OWINGS MILLS MD 21117	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABER, CLYDE III 10330 SOUTH DOLFIELD ROAD OWINGS MILLS MD 21117	<b>∑</b> A Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Garfiskel, merk 10530 South bolfield Ro	☐ Change	X Addition

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 of 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 requiremental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attai

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

BURKE, JOHN

10330 SOUTH DOLFIELD ROAD

**OWINGS MILLS MD 21117** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

LE 0'Donell 2/28/03