

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005363

1. Entity Name

AMBIT TECHNOLOGY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 009 ***150.00

Principal Place of Business

Mailing Address

3353 MICHELSON DR
551M
IRVINE CA 92698
US

3353 MICHELSON DR
551M
IRVINE CA 92612-0650
US

2. Principal Place of Business

ONE ENTERPRISE DRIVE

Suite, Apt. #, etc.

F2B

3. Mailing Address

ONE ENTERPRISE DRIVE

Suite, Apt. #, etc.

F2B

City & State

ALISO VIEJO CA

City & State

ALISO VIEJO CA

Zip

Country

92656

US

Zip

Country

92656-2606

US

4. FEI Number

02-0354937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 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, 2000 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	DV	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, N S	
STREET ADDRESS	300 PARK BLVD, SUITE 105	
CITY-ST-ZIP	ITASCA IL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HULL, S F	
STREET ADDRESS	3353 MICHELSON DR, 551M	
CITY-ST-ZIP	IRVINE CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DR, 551M	
CITY-ST-ZIP	IRVINE CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORROW, T H	
STREET ADDRESS	3353 MICHELSON DR, 551M	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUBBS, W. J.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

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:

T. H. Morrow

T. H. MORROW, ASST. TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date

(949) 349-4031

Daytime Phone #

CR2E034 (9/99)