

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90202 050 ***150.00

0525888 AV

DOCUMENT # H05601

1. Entity Name
AMBERG INSURANCE CENTER, INC.



Principal Place of Business
**1900 S. TAMiami TRAIL
UNIT C
PUNTA GORDA FL 33950
US**

Mailing Address
**1900 SOUTH TAMiami TRAIL UNIT C
PUNTA GORDA FL 33950
US**



2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2415462**

Applied For

Not Applicable

Zip **33950**

Country **Charlotte**

Zip **33950**

Country **Charlotte**

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

**AMBERG, DAVID A.
1900-C TAMiami TRAIL
PUNTA GORDA FL 33950**

Name

Same

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, 2003 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	PST	<input type="checkbox"/> Delete
NAME	AMBERG, DAVID A.	
STREET ADDRESS	1900 S.TAMiami TR.,STE.C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMBERG, DAVID A. JR	
STREET ADDRESS	1900 S.TAMiami TR.,STE.C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	AMBERG, PATRICIA A.	
STREET ADDRESS	1900 S.TAMiami TR.,STE.C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

941-6390550

4/12/04