

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90049 040 ***150.00

DOCUMENT # H18916

1. Entity Name

AMBER COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

12525 US HWY 27 N.
ORLANDO FL 32837

609 AVALON BLVD
ORLANDO FL 32806-4006
US

2. Principal Place of Business

3. Mailing Address

12222 US Hwy 27N
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davenport FL

Zip

Country

Zip

Country

33837

US

6. Name and Address of Current Registered Agent

4. FEI Number

59-2578142

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	BORTZ, PAT	
STREET ADDRESS	1111 E. AMELIA ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	BORNSTEIN, DAVID	
STREET ADDRESS	1111 E. AMELIA ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	UPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bornstein, Pat	
STREET ADDRESS	12222 US Hwy 27N	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	POT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bornstein, David	
STREET ADDRESS	12222 US Hwy 27N	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Bornstein

4/18/00

1-863-4242403

CR2E034 (9/99)