

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76057

1. Entity Name

J. D'AMBROSIO ENTERPRISES, INC.

Principal Place of Business

3960 NORTHWEST 18TH STREET
OKEECHOBEE FL 34972

Mailing Address

P. O. BOX 185
OKEECHOBEE FL 34973-0185
US

2. Principal Place of Business

1141 EXCELLER CT.

Suite, Apt. #, etc.

107

City & State

CASSELBERRY FL.

3. Mailing Address

P.O. Box 522231

Suite, Apt. #, etc.

City & State

LONGWOOD FL.

Zip

32707

Country

SEMINOLE

Zip

32752

Country

SEMINOLE

6. Name and Address of Current Registered Agent

COOK, JOHN R.
202 NORTHWEST FIFTH AVENUE
OKEECHOBEE FL 33472

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 PS
NAME D'AMBROSIO, JAMES
STREET ADDRESS 3960 NW 18TH ST
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE VPT
NAME D'AMBROSIO, JOAN
STREET ADDRESS 3960 NW 18TH ST
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

JOAN D'AMBROSIO
Signature and typed or printed name of signing officer or director

4/13/00

Date

407-695-0921

Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90110 038 ***150.00



DO NOT WRITE IN THIS SPACE