

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90022 010 ***150.00

DOCUMENT # H76057

1. Entity Name
J. D'AMBROSIO ENTERPRISES, INC.

Principal Place of Business

1141 EXCELLER CT.
#107
CASSELBERRY FL 32707

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 522231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGWOOD FL 32707

Zip

Country

Zip
32752

Country

US

4. FEI Number 59-2810894

Applied For

Not Applicable

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

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

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, 2001 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 PS
NAME D'AMBROSIO, JAMES
STREET ADDRESS 3960 NW 18TH ST
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE PS. D'Ambrosio, James
NAME 1141 EXCELLER CT #107
STREET ADDRESS CASSELBERRY FL 32707
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE VPT D'Ambrosio, Joan
NAME 1141 EXCELLER CT #107
STREET ADDRESS CASSELBERRY FL 32707
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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

4/18/01
Date

407-695-0921
Daytime Phone #

CR2E034 (10/00)