

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90014 037 \*\*\*158.75

**DOCUMENT # J49340**

1. Entity Name

**AMBROSIA INTERNATIONAL, INC.**

Principal Place of Business

**P.O. BOX 1304  
PUNTA GORDA FL 33951**

Mailing Address

**P.O. BOX 511304  
PUNTA GORDA FL 33951  
US**

2. Principal Place of Business

**1133 Bal Harbor Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# **1127**

City & State

Zip

Country

**Punta Gorda, FL**

**33950 US**

4. FEI Number

**59-2756043**

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

**WILLSIE, JOHN D.  
2893 CORAL WAY  
PUNTA GORDA FL 33955**

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.

**John Willsie**

(NOTE: Registered Agent signature required when reinstating)

**4-26-02**

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, 2002 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 **PD** ☐ Delete  
NAME **WILLSIE, JOHN D.**  
STREET ADDRESS **2893 CORAL WAY**  
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John D. Willsie 4-26-02 9416392850**

Date

Daytime Phone #

CR2E034 (9/01)