

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00328**

1. Entity Name

KITCHENS & BATHS BY AMBIANCE, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90407 045 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

16520-9 S TAMAMI TRL
STE 206
FT MYERS FL 33908
US

Mailing Address

16520-9 S TAMAMI TRL
STE 206
FT MYERS FL 33908
US

2. Principal Place of Business

16520 S. TAMAMI TRL.

3. Mailing Address

16520 S. TAMAMI TRL.

Suite, Apt. #, etc.

STE. 206

Suite, Apt. #, etc.

STE. 206

City & State

FT. MYERS, FL.

City & State

FT. MYERS, FL.

Zip

33908

Zip

33908

Country

LEE

Country

LEE

4. FEI Number

65-0141114

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

**HELMS, PAUL B.
16520-9 S. TAMAMI TRAIL
FORT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

16520 S. TAMAMI TRL, STE. 206

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

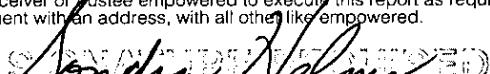
10. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HELMS, SONDRAS 16520-9 S TAMAMI TRAIL FORT MYERS FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 16520 S. TAMAMI TRL, STE. 206 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HELMS, PAUL B. 16520-9 S. TAMAMI TRAIL FORT MYERS FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 16520 S. TAMAMI TRL, STE. 206 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

4/10/02 (941)489-0018
Date Daytime Phone #

CR2E034 (9/01)