

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0059972

DOCUMENT # L99000005826

1. Entity Name

KINGS AMBASSADOR, L.L.C.



FILED

03 APR 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

SUMMIT BLDG. STE 144
13575 58TH STREET
CLEARWATER FL 33760

Mailing Address

SUMMIT BLDG. STE 144
13575 58TH STREET
CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

825 Parkway Street

825 Parkway Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #4

Suite #4

City & State

City & State

Jupiter, FL

Jupiter, FL

Zip

Zip

33477

Country

USA

Country

USA

4. FEI Number

59-3598580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDSTONE, RONALD R
200 SOUTH BISCAYNE BLVD
STE 2100
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME LUBECK, JOSEPH G
STREET ADDRESS 13575 58TH STREET
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS 825 Parkway Street - Suite 4
CITY-ST-ZIP Jupiter, FL 33477

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Joseph G. Lubeck

4/8/03 (561) 745-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)