

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90093 026 ***150.00

DOCUMENT # P00000074065

1. Entity Name

AMBASSADOR AUTO SALES, INC.



Principal Place of Business

**975 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

Mailing Address

**975 N. COLLIER BLVD.
MARCO ISLAND FL 34145**

2. Principal Place of Business

Ambassador Auto Sales Inc.
Suite, Apt. #, etc.

3. Mailing Address

3384 Mercantile Ave
Suite, Apt. #, etc.

City & State

Some

City & State

Naples FL

Zip

Country

Zip

34104

Country

Collier

4. FEI Number

59-3663562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARL JAMES I II

975 N. COLLIER BLVD.

MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Ambassador Auto Sales Nick Garulay

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

3384 Mercantile Ave

City

Naples

FL

Zip Code

34104

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)

1-30-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GARULAY, NICK**
STREET ADDRESS **2440 DAVIS BLVD.**
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Ambassador Auto Sales Inc Nick Garulay**
STREET ADDRESS **3384 Mercantile Ave**
CITY-ST-ZIP **Naples FL 34104**

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

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

Date

239-269-7713

Daytime Phone #