

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000040418  
1. Entity Name  
AMBERLY MANAGEMENT, INC.

FILED

02 JUN 10 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 15801 Dawson Ridge 3. Mailing Address 15801 Dawson Ridge

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa FL

City & State  
Tampa FL

4. FEI Number  
59-3717671

Applied For  
Not Applicable

Zip 33647 Country USA

Zip 33647 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Christine Cevallos

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

15801 Dawson Ridge Drive

City Tampa FL Zip Code 33647

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME Juan P. Cevallos / President  
STREET ADDRESS  
CITY - ST - ZIP 15801 Dawson Ridge Drive Tampa FL 33647

TITLE  
NAME Christine A. Cevallos  
STREET ADDRESS  
CITY - ST - ZIP Register Agent 15801 Dawson Ridge Drive

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/01/02 (813) 975-8773

CR260348 (12/01)

8/6/12/02