## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P01000040415 DOCUMENT #

1. Entity Name

AMBERLY MANAGEMENT, INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

	03-17-2003	90671	004	***1

1980 FAMPA FL 39847  TAMPA FL													
Sulfa, Apf. #, etc.   Such a particulars   Surface   Surface   Superior   Substitute   Substitut	Principal Place of Business 15801 DAWSON RIDGE DR TAMPA FL 33647		15801	15801 DAWSON RIDGE DR				 					
City & State    City & State   City	2. Principal Place of Business		3. Mail	3. Mailing Address									
Supplementary   Supplementar	Suite, Apt.	#, etc.	<del>,,</del> ,	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CEVALLOS, CHRISTINE A  15801 DAWSON RIDGE DR  TAMPA FL 33847  City  FL  Zip Code  FL	City & State		City	City & State				4. FEI Number 59-3717671			<del></del>	<del></del>	
Name   Steet Address (PO Box Number is Not Acceptable)	Zip		Country	Zip	Zip Country				5. (	Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zep Code		6. Name	and Address of Current	Registere	d Agent				7. N	Name and Address of New Reg	istered /	Agent	
B. 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 outgations of registered agent.    FILE NOW!!! FEE IS \$150.00					ddress (P.	.О. В	ox Number is Not Acceptable)						
B. The above named dinity 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 outgrations of registered agent.    Comparison of registered agent area of registered agent and rice it applicable.   POTE Registered Agent signature recurred even windstage	tampa fi	L 33647					City					7in Cod	
THE OWNER OF PROJECT O												·	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE WAVE TITLE WAVE TAMPA FL 33847  TO Delete TITLE WAVE TO STREET ADDRESS TOTY-ST-ZIP THE WAVE THE WAVE THE WAVE THE WAVE TO STREET ADDRESS TOTY-ST-ZIP THE WAVE				or the purp	ose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Florid	la. I am i	amiliar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State    Common	SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	licable (NOTE	: Registered	Agent signatu	re required w	vhen re	einstating)	DATE		
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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	CITY-ST-ZIP						Į.			•			
	12. I hereby o	certify that the	information supplied with	this filing	does not qualify for	the exer	nption state	ed in Sect	tion 1	119.07(3)(i), Florida Statutes. I fu	rther cer	tify that the ir	nformation

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 reported 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: