

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90070 008 ***150.00

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

DOCUMENT # **P01000065809**

1. Entity Name

AMBER ARTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4099 TAMMAM TRAIL N.

3. Mailing Address

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

4. FEI Number

59-3736757

Applied For

Not Applicable

Zip

34103

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

90746

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BOERIO THOMAS E.

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

4099 TAMMAM TRAIL NORTH #400

City

NAPLES

FL

Zip Code

34103

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 1st Fee is \$150.00

After May 1st 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
STREET ADDRESS
CITY - ST - ZIP

**P D
CATHERINE POENSIN
16, rue de Navignan
75008 PARIS - FRANCE**

ADD

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
THOMAS E. BOERIO
4099 TAMMAM TRAIL N # 400
NAPLES, FLORIDA 34103**

ADD

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:

T.E. Boerio 4/26/02 THOMAS E. BOERIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-262-1040

CR2ED34B (12/01)