


FILED  
Aug 04, 2003 8:00 am  
Secretary of State

05-02-2003 90126 036 \*\*\*150.00

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

<b>DOCUMENT # P02000086134</b>					
1. Entity Name <b>AMBIENCE EVENT COORDINATORS, INC.</b>					
Principal Place of Business <b>2203 VENUS STREET TAMPA FL 33629</b>			Mailing Address <b>2203 VENUS STREET TAMPA FL 33629</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-0739664</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTINEZ MONTORT, ELIZABETH 2203 VENUS STREET TAMPA FL 33629</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) 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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARTINEZ-MONFORT, ELIZABETH</b> <b>2203 VENUS STREET</b> <b>TAMPA FL 33629</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SMITH, MARIA CRISTINA</b> <b>2203 VENUS STREET</b> <b>TAMPA FL 33629</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Elizabeth Martinez-Monfort</u> <b>Elizabeth Martinez-Monfort</b> <b>12,2003</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

55053077

☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)

*Attachment*

**JOHN C. LANDOLFI, P.A.**  
Certified Public Accountant

3710 DeLeon Street  
Tampa, FL 33609  
(813) 877-4030  
Fax: (813) 877-3089  
jclcpapa@tampabay.rr.com

July 31, 2003

55053077  
#P02000086134

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Ambience Event Coordinators, Inc.  
Form UBR 2003  
Document # P02000086134

Dear Sir/Madam:

This is in response to your letter dated May 15, 2003 to correct the filing of my client  
Ambience Event Coordinators, Inc.

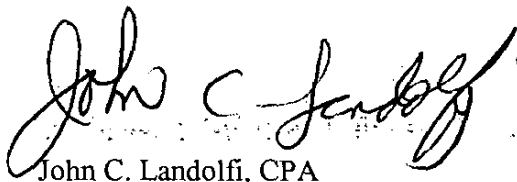
My client timely filed its initial Form UBR for 2003 and the \$150 fee was processed.  
However, Ambience Event Coordinators, Inc., erroneously omitted the federal  
identification number in the filing.

I am enclosing a copy of the corrected UBR for 2003, as requested.

On behalf of my client, Ambience Event Coordinators, Inc., I respectfully request that the  
additional charges are waived since it was their first filing and was timely filed with one  
omission.

If you need further information, please call me at (813) 877-4030.

Sincerely,

  
John C. Landolfi, CPA