

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

8/

08-22-2003 90108 013 \*\*\*150.00

**DOCUMENT # P02000097908**

1. Entity Name  
**AMBA CORP.**



Principal Place of Business  
**7743 HORSE FERRY RD  
ORLANDO FL 32835**

Mailing Address  
**7743 HORSE FERRY RD  
ORLANDO FL 32835**

**00000000**

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DORSETT, KEVIN  
7743 HORSE FERRY RD  
ORLANDO FL 32835**

Name

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

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **DORSETT, KEVIN**  
STREET ADDRESS **7743 HORSE FERRY RD**  
CITY - ST - ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete  
NAME **DORSETT, TASHA**  
STREET ADDRESS **7743 HORSE FERRY RD**  
CITY - ST - ZIP **ORLANDO FL 32835**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 DORSETT**

**8/19/03**

**401-448-0592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55055992

A M B A Corporation

#P02000097908

August 19, 2003

VIA CERTIFIED MAIL - RRR

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, Florida 32302-1500

Re: Prior notice of Corporation filing not received

To Whom It May Concern:

This letter is being sent to inform you that our office did not receive your prior notice. We have attached our application and a check totaling \$150.00 for your review.

Should you have any question or comments, please do not hesitate to contact us at your convenience.

Sincerely,

  
Kevin C. Dorsett

Enc.

7743 Horse Ferry Road, Orlando, FL. 32835  
PH. (407) 448-0532  
FX. (407) 291-3277