

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17693

1. Entity Name

Ambit, Inc. of Pennsylvania

Principal Place of Business

Mailing Address

2455 E. Sunrise Blvd. Ste 711
Ft. Lauderdale, FL 33304
US

2455 E. Sunrise Blvd. Ste 711
Ft. Lauderdale, FL 33304
US

2. Principal Place of Business

2455 E. Sunrise Blvd.

3. Mailing Address

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.
Ste 711

Suite, Apt. #, etc.
Ste 711

City & State

Fort Lauderdale

City & State

Fort Lauderdale

4. FEI Number

25-1322839

Applied For

Not Applicable

Zip

33304

Country

Broward

Zip

33304

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00059451

6. Name and Address of Current Registered Agent

KOCH, KATHERINE
2455 E SUNRISE BLVD.
Ste 711
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 P ☐ Delete
NAME KOCH, KATHERINE
STREET ADDRESS 2621 CASTILLA ISLE
CITY-ST-ZIP FT. LAUDERDALE 33301

TITLE ST ☐ Delete
NAME STAPSY, IRVING S.
STREET ADDRESS 1009 BEECH AVE
CITY-ST-ZIP PITTSBURGH PA

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

12. 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

(954) 568-2100

CR2E034 (11/00)