

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90014 050 ***150.00

DOCUMENT # P17693

LA

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

00059451

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

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	<input type="checkbox"/> Delete
NAME	KOCH, KATHERINE	
STREET ADDRESS	2621 CASTILLA ISLE	
CITY-ST-ZIP	FT. LAUDERDALE 33301	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STAPSY, IRVING S.	
STREET ADDRESS	1009 BEECH AVE	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Katherine Koch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

Date

(954) 568-2100

Daytime Phone #

CR2E034 (11/00)