

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011172

1. Entity Name
L'AMBIANCE RENTALS, INC.
NAPLES FL 34108

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90159 027 ***150.00

Principal Place of Business

Mailing Address

1000 L'AMBIANCE 203
NAPLES FL 34108
US

1000 L'AMBIANCE 203
NAPLES FL 34105-6433
US

102847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25501 TROST BLVD
Suite, Apt. #, etc.

25501 TROST BLVD
Suite, Apt. #, etc.

City & State

City & State

Bonita Springs FL

Bonita Springs FL

Zip

Country

34135

USA

Zip

Country

84135

USA

4. FEI Number

65-0640753

Applied For

Not Applicable

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

GROSSIER, FRIEDRIKE
528 105TH AVE
NAPLES FL 34108

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 Patricia Trost

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TROST-HEIN, PATRICIA	
STREET ADDRESS	2410 IMPERIAL G.C. BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEES, Dieter	
STREET ADDRESS	12322 Isabella Dr	
CITY-ST-ZIP	Bonita Springs FL 34135	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROST, Patricia	
STREET ADDRESS	12322 Isabella Dr	
CITY-ST-ZIP	Bonita Springs FL 34135	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #