2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State
09-21-2001 90010 005 ***550.00

DOCUMENT # P96000011172

1. Entity Name
L'Ambiance Rentals Inc

Principal Place ~~L'Ambiance Rentals Inc~~
8695 College Parkway #303
Fort Myers FL 33919
(941) 370-0713

Mailing Address ~~L'Ambiance Rentals Inc~~
8695 College Parkway #303
Fort Myers FL 33919
(941) 370-0713

A0087083

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
L'Ambiance Rentals Inc	8695 College Parkway
Suite, ~~8695 College Parkway #303~~ Fort Myers FL 33919	Suite, Apt. #, etc. # 303
City & State ~~(941) 370-0713~~ FORT MYERS	City & State Fort Myers FL 33
Zip 33919 Country US	Zip 33919 Country US

4. FEI Number 65-064-0753 ☐ 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
Fredericke Grosser 528 105th Ave Naples FLORIDA 34108	Name Andrew Jessen CPA Street Address (P.O. Box Number is Not Acceptable) 6371 Presidential Court #4 City Fort Mayers FLORIDA FL Zip Code 33919

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 _____ Sept 9th 2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD TROST-HEIN 12322 Isabella Dr Bonita Springs FL 34135	☐ Delete	PTD Patricia Klees 12322 Isabella Dr Bonita Springs FL 34135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KLEES Dieter 12322 Isabella Dr Bonita Springs FL 34135	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ Sept 9th 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date