

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023470

1. Entity Name

AMBAG CORPORATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90090 007 ***150.00

Principal Place of Business

178 ALT. HWY. 19 SOUTH
 PALM HARBOR FL 34683
 US

Mailing Address

178 ALT. HWY. 19 SOUTH
 PALM HARBOR FL 34683
 US

2. Principal Place of Business

12395 Belcher Road

Suite, Apt. #, etc.

Suite 350

City & State

Largo, FL

Zip

33773

Country

US

3. Mailing Address

12395 Belcher Road

Suite, Apt. #, etc.

Suite 350

City & State

Largo, FL

Zip

33773

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3385796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOOVER, ROGER A
 178 ALT. HWY. 19 SOUTH
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name Hoover, Roger A.

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

12395 Belcher Road - Suite 350

City

Largo, FL

Zip Code

33773

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, ROGER A 178 ALT. HWY. 19 SOUTH PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, GREGORY A 178 ALT. HWY. 19 SOUTH PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, FRANK E. 2523 CHOCTAW TRACE MURFREESBORO TN 37129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, JEAN C. 2523 CHOCTAW TRACE MURFREESBORO TN 37129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoover, Roger A 12395 Belcher Road - Suite 350 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hoover, Gregory A 12395 Belcher Road - Suite 350 Largo, FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

ROGER A. HOOVER

Date

Daytime Phone #

2/15/2000 727-771-7400