

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90466 019 \*\*\*150.00

**DOCUMENT # P96000043880**

1. Entity Name  
**AMBROSE, INC.**



Principal Place of Business  
**7305 N.W. 61ST TERRACE  
PARKLAND FL 33067**

Mailing Address  
**7305 N.W. 61ST TERRACE  
PARKLAND FL 33067**



2. Principal Place of Business

**7310 SOUTH CYPRESSHEAD DR.**  
Suite, Apt. #, etc.

3. Mailing Address

**7310 SOUTH CYPRESSHEAD DR.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PARKLAND FL.**

Zip  
**33067**

Country  
**USA**

City & State  
**PARKLAND FL.**

Zip  
**33067**

Country  
**USA**

4. FEI Number **65-0668615**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCAMBRIDGE, PETER  
7305 N.W. 61ST TERRACE  
PARKLAND FL 33067**

7. Name and Address of New Registered Agent

Name **PETER MCCAMBRIDGE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7310 SOUTH CYPRESSHEAD, DR.**  
City **PARKLAND** FL Zip Code **33067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/17/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MCCAMBRIDGE, PETER**  
STREET ADDRESS **7305 N.W. 61ST TERRACE**  
CITY-ST-ZIP **PARKLAND FL 33067**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TREASURER**  
STREET ADDRESS **DONALD MCCAMBRIDGE**  
CITY-ST-ZIP **3804 LAK ROAD ALLENTOWN, PA 18103**

TITLE ☐ Change ☒ Addition  
NAME **VICER PRESIDENT**  
STREET ADDRESS **KAREN MCCAMBRIDGE**  
CITY-ST-ZIP **7310 SOUTH CYPRESSHEAD, DR. PARKLAND, FL. 33067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)