

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90311 038 \*\*\*150.00

**DOCUMENT # P96000081301**

1. Entity Name

**AMBER TRUCKING INC.**

Principal Place of Business

Mailing Address

19321-C U.S. HIGHWAY 19 NORTH  
 SUITE 601  
 CLEARWATER FL 33764

19321-C U.S. HIGHWAY 19 NORTH  
 SUITE 601  
 CLEARWATER FL 33764-3102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1543 CROSSVINE COURT**

**1543 CROSSVINE COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**NEW PORT RICHEY**

**NEW PORT RICHEY**

City & State

City & State

**FLORIDA 34655**

**FLORIDA 34655**

Zip

Country

Zip

Country

4. FEI Number

**59-3403417**

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

**WALDEMAR KOSIOR**  
**19321-C US HWY 19-N**  
**STE 601**  
**CLEARWATER FL 3374**

Name

**WALDEMAR KOSIOR**

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

**1543 CROSSVINE COURT**

City

**NEW PORT RICHEY**

FL

Code

**34655**

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

**KOSIOR WALDEMAR**

**04-20-00**

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 **P** ☐ Delete  
 NAME **KOSIOR, WALDEMAR**  
 STREET ADDRESS **1814 VERMONT DR**  
 CITY-ST-ZIP **ELK GROVE VILLAGE IL 60007**

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

TITLE **VP** ☐ Delete  
 NAME **SZOSTEK, GRAZYNA**  
 STREET ADDRESS **1814 VERMONT DR**  
 CITY-ST-ZIP **ELK GROVE VILLAGE IL 60007**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

**WALDEMAR KOSIOR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-20-00**

Date

Daytime Phone #

CR2E034 (9/99)