

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 049 ***150.00

DOCUMENT # **P96000091894**

1. Entity Name
AMBER ENTERPRISES, INC.

Principal Place of Business Mailing Address
115 CANAL AVE., SO. #2 115 CANAL AVE, SO #2
INDIAN ROCKS BEACH, INDIAN ROCKS
FL 33785 FL 33785

770251

2. Principal Place of Business 3. Mailing Address
9550 HAMLIN BLVD. 9550 HAMLIN BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.
1102 # 1102

DO NOT WRITE IN THIS SPACE

City & State City & State
SEMINOLE, FL SEMINOLE, FL

4. FEI Number Applied For
59-341689 Not Applicable

Zip Country Zip Country
33776 USA 33776 USA

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

MARY H. PELLETIER
9550 HAMLIN BLVD. #1102
SEMINOLE, FL 33776

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 _____ (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

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PRESIDENT
MARY H. PELLETIER
9550 HAMLIN BLVD. #1102
SEMINOLE, FL 33776

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: **Mary H. Pelletier** **MARY H. PELLETIER** 4/30/01 727-517-7491
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)