

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90095 043 ***150.00

DOCUMENT # P97000021881

1. Entity Name
THE TELLUS AMBRY CORPORATION

Principal Place of Business 4721 SPANIEL ST ORLANDO FL 32818	Mailing Address 4721 SPANIEL ST ORLANDO FL 32818-8730
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2703 CULLEN'S CT	3. Mailing Address 2703 CULLEN'S CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCOE, FLORIDA	City & State OCOE FLORIDA	4. FEI Number 59-3462142	Applied For <input type="checkbox"/> Not Applicable
Zip 34761	Country USA	Zip 34761	Country 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

M.J. HEAD
4721 SPANIEL ST
ORLANDO FL 32818

Name
M.J. HEAD

Street Address (P.O. Box Number is Not Acceptable)
2703 CULLEN'S CT

City **OCOE** FL Zip Code **34761**

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 *M.J. Head* **M.J. HEAD** *12 April 2000*
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 NAME STREET ADDRESS CITY-ST-ZIP	P M.J. HEAD 4721 SPANIEL ST ORLANDO FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D M.J. HEAD 2703 CULLEN'S CT, OCOEE FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *M.J. Head* **M.J. HEAD** *12 April 2000* *407-297-6222*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)