

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

2703 CULLEN'S CT
Suite, Apt. #, etc.
OCOE FL 34761

3. Mailing Address

2703 CULLEN'S CT
Suite, Apt. #, etc.
OCOE FL 34761

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number 59-3462142

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

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

OCOE

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE P
NAME M.J. HEAD ☒ Delete
STREET ADDRESS 4721 SPANIEL ST
CITY-ST-ZIP ORLANDO FL 32818

TITLE P
NAME M.J. HEAD ☒ Change ☐ Addition
STREET ADDRESS 2703 CULLEN'S CT
CITY-ST-ZIP OCOE FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 2001

407-297-6222

Daytime Phone #

CR2E034 (10/00)