

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042670

1. Entity Name

AMBASSADOR INVESTIGATION AND SECURITY, INC.

Principal Place of Business

114 N MADISON ST  
QUINCY FL 32351  
US

Mailing Address

RT 5 BOX 94A  
QUINCY FL 32351

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3351 Hutchinson Ferry Rd

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BANKS, DENNIS  
RT 5 BOX 94A  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

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

3351 Hutchinson Ferry Rd

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

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BANKS, DENNIS  
CITY-ST-ZIP RT 5 BOX 94A  
QUINCY FL 32351

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BANKS, ROSEMARY C  
CITY-ST-ZIP RT 5 BOX 94A  
QUINCY FL 32351

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3351 Hutchinson Ferry Rd  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3351 Hutchinson Ferry Rd  
CITY-ST-ZIP

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

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: Rosemary C. Banks ROSEMARY C BANKS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
Date

(850) 627-3119  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90162 006 \*\*\*158.75

CR2E034 (9/99)