2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1040 RORDON AVENUE NALES FL 34103-4571

DOCUMENT # P9700054641

1. Entity Name

Principal Place of Business

1040 RORDON AVENUE

NAPLES FL 34103

AMBIANCE PLANTATION SHUTTERS, INC.

BETTE TOTAL

US			03					51515 BILL 61		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SF	'ACE			
City & State			City & State		4. FEIN	Number 65-0765318		⊢ →	oplied For]
Zip	Count	try	Zip	Country	5. Certi	ficate of Status Desired	□ \$	8.75 Add	ditional	1
6. Name and Address of Current Registered Agent				<u></u>	7. Name and Address of New Registered Agent				1	
	-			Name,_			-			1
CREECH, DAVID R 1040 RORDON AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					-	
	LES FL 34103					,		<u> </u>		1
				City			FL.	Zıp Cod	le	1
8 The above	named entity submits	s this statement for t	he purpose of changing it	s registered office or regis	tered agent.	or both, in the State of Flor	ida.			1
Gr The above	Trained orany coornin		and perpending in		•	•				1
SIGNATURE										
SIGNATORIE	Signature, typed or printed n	ame of registered agent and	d title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstat	ing)	DATE			
9. This corporation is eligible to satisfy its Intangible . Tax filing requirement and elects to do so.		After MAY 1, 2	/!!! FEE IS \$150.00 000 Fee will be \$550.0	0	Election Campaign Fina Trust Fund Contribution	~		00 May Be d to Fees		
(See crite	ria on back)			ble to Department of S						1
11.	I BUAT	OFFICERS AND D		12.	ADDIT	ONS/CHANGES TO OFFI				٦ إ
TITLE	PVST CREECH, DAVID		Delete	TITLE				Change	Addition	0
NAME STREET ADDRESS	1040 RORDON A			NAME STREET ADDRESS						
CITY-ST-ZIP	NAPLES FL 3410			CITY-ST-ZIP						ĺ
	TAN LEG TE OTTO		Delete	TITLE				Change	Addition	18
TITLE NAME			. □ Delete	NAME			,	ogv		
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	*			Change	Addition	1
NAME			C Delcic	NAME						1
STREET ADDRESS	4		_ > > > > > > > > > > > > > > > > > > >	STREET ADDRESS		Comment of the second				
CITY-ST-ZIP				CITY-ST-ZIP						}
TITLE			☐ Delete	TITLE				☐ Change	Addition	1
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						_]
TITLE		_	☐ Delete	TITLE				Change	Addition	1
NAME	J			NAME						

FILED Mar 16, 2000 8:00 am Secretary of State 03-16-2000 90090 044 ***150.00

		City		FL. Zip Code	.e				
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.									
SIGNATURESignature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature required when	n reinstating) DA	TE.					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! After MAY 1, 2000	FEE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees				
11. OFFICERS AND DII TITLE PVST CREECH, DAVID R STREET ADDRESS 1,1040 RORDON AVENUE CITY-ST-ZIP NAPLES FL 34103	RECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS Change	S IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition				
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS = CITY-ST-ZIP	· Consistent version of the control	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition				
13. I hereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with the corporation of the receiver or trustee empower changed.	ue and accurate and that my ered to execute this report as	signature shall have the sam	ne legal effect as it made under oath; th orida Statutes; and that my name appe	ars in Block 11 or	r Block 12 if				
SIGNATURE: DAVID R. CREECH & LOCAL COLLEGE CONTROL - MALIS, 10 - 1-941-643-7050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D									