

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096548

1. Entity Name
AMBIX, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90104 031 ***150.00

Principal Place of Business
**3020 SOUTH CYGNET TERRACE
INVERNESS FL 34450**

Mailing Address
**3020 SOUTH CYGNET TERRACE
INVERNESS FL 34450-4501**

2. Principal Place of Business
2731 E. Celina St.
Suite, Apt. #, etc.

3. Mailing Address
2731 E. Celina St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Inverness, FL
Zip
34453
Country
U.S.A.

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Inverness, FL
Zip
34453
Country
U.S.A.

4. FEI Number **65-0794016**
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

THOMPSON, LEON C III
3020 SOUTH CYGNET TERRACE
INVERNESS FL 34450
2731 E. Celina St.
Inverness, FL 34453

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 **Leon C. Thompson III**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PT THOMPSON, LEON C III 3020 SOUTH CYGNET TERRACE INVERNESS FL 34450 2731 E. Celina St. Inverness, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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: **Leon C. Thompson III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 (352) 341-1836
Date Daytime Phone #

CR2E034 (9/99)