

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000058500**

1. Entity Name
The Innswood Ambience, Inc

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90008 016 ***150.00

Principal Place of Business Mailing Address
1139 NE 12th Ave.
Ft Lauderdale
FLORIDA 33304 US
1139 N.E. 12TH AVE
FT. LAUDERDALE, FL 33304
US

A0030986

2. Principal Place of Business
S/A
Suite, Apt. #, etc.

3. Mailing Address
S/A
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number
65-0845094 Applied For
Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
Ramsay, Marie
1139 NE 12th Ave.
Port. Lauderdale. FL 33304

7. Name and Address of New Registered Agent
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 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, 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
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
Ramsay, Marie
1139 NE 12th Ave.
Port Lauderdale. FL 33304

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
Blackburn, Janet
1139 NE 12th Ave. Port Land.
FL 33304

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Change ☐ Addition
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: **Marie Ramsay**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIE Ramsay

Date **2. 20. 2001**
Daytime Phone #

CR2E034 (11/00)