

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000093579**

1. Entity Name

AMBIANCE INTERIORS AND ART GALLERY, INC.**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90005 010 ***150.00

Principal Place of Business

Mailing Address

622 BEACHLAND BLVD.
VERO BEACH FL 32963622 BEACHLAND BLVD.
VERO BEACH FL 32963-1743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0874108**Applied For
Not Applied For5. 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

MENARD, LIN R
1750 26TH AVE.
VERO BEACH FL 32960

Name

MENARD, LIN R
Street Address (P.O. Box Number is Not Acceptable)**622 Beachland Blvd**City **Vero Beach****FL**Zip Code
32963

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

Lin R. Menard

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

(NOTE: Registered Agent signature required when reinstating)

2-2-2000

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 State10. 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 **D** ☐ Delete
NAME **MENARD, LIN R**
STREET ADDRESS **1750 26TH AVE.**
CITY-ST-ZIP **VERO BEACH FL 32960**TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MENARD, LIN R**
STREET ADDRESS **1750 26TH AVE**
CITY-ST-ZIP **VERO BEACH, FL 32960**TITLE **D** ☐ Delete
NAME **SUTHERLAND, LISA J**
STREET ADDRESS **845 5TH PLACE**
CITY-ST-ZIP **VERO BEACH FL 32962**TITLE **SECRETARY / TREASURER** ☒ Change ☐ Addition
NAME **SUTHERLAND, LISA J**
STREET ADDRESS **845 5TH PLACE**
CITY-ST-ZIP **VERO BEACH, FL 32962**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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:

Lin R. Menard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2000 561-231-6221