

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
REJECTED
08-10-2000 90001 010 ***158.75
FILED P98000102673

DOCUMENT # P98000102673

1. Entity Name

Ambrose Environmental Industries Corporation **R**

00 OCT -2 PM 1:39

Principal Place of Business

922 E 124th Ave
Suite C
Tampa, FL 33612

Mailing Address

P.O. Box 11797
Tampa, FL 33680-1797

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

922 E. 124th Ave

Suite, Apt. #, etc.
Suite C

3. Mailing Address

P.O. Box 11797

Suite, Apt. #, etc.

A0072290

DO NOT WRITE IN THIS SPACE

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number
59-3563297

Applied For
Not Applicable

Zip
33612

Country
USA

Zip
33680-1797

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jennifer F. Ambrose
922 E. 124th Ave
Suite C
Tampa, FL 33612

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 file if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

6-1-2000

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 \$350.00
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
President-CEO
Jennifer F. Ambrose
922 E. 124th Ave Ste C
Tampa, FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-2000

813 621-5054

CR2E034 (9/99)