

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90250 021 \*\*\*150.00

**DOCUMENT # P99000092345**

**1. Entity Name**  
**AMBROSE INVESTMENTS, INC.**



**Principal Place of Business**  
**612 7TH AVE. S.**  
**NAPLES FL 34102**

**Mailing Address**  
**612 7TH AVE. S.**  
**NAPLES FL 34102**

**2. Principal Place of Business**  
**6551 12th AVE NW**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**6551 12th AVE NW**  
**Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

**City & State**  
**MYAPLES**  
**Zip**  
**34119**

**Country**  
**USA**

**City & State**  
**FLA**  
**Zip**  
**34119**

**Country**  
**USA**

**4. FEI Number** **59-3602723**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**AMBROSE, STEPHEN M**  
**612 7TH AVE. S.**  
**NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

**Name** **STEPHEN M AMBROSE**  
**Street Address (P.O. Box Number is Not Acceptable)** **6551 12th AVE NW**  
**City** **NAPLES** **FL** **Zip Code** **34119**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **STEVE AMBROSE**

*Steve Ambrose*

**DATE** **2/4/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **AMBROSE, STEPHEN M**  
**STREET ADDRESS** **612 7TH AVE. S.**  
**CITY-ST-ZIP** **NAPLES FL 34102**

**TITLE** **D** ☐ Change ☐ Addition  
**NAME** **AMBROSE STEPHEN M**  
**STREET ADDRESS** **6551 12th AVE NW**  
**CITY-ST-ZIP** **NAPLES FLA 34119**

**TITLE** **D** ☐ Delete  
**NAME** **AMBROSE, TIMOTHY A**  
**STREET ADDRESS** **612 7TH AVE. S.**  
**CITY-ST-ZIP** **NAPLES FL 34102**

**TITLE** **D** ☐ Change ☐ Addition  
**NAME** **AMBROSE TIMOTHY M**  
**STREET ADDRESS** **6551 12th AVE NW**  
**CITY-ST-ZIP** **NAPLES FLA 34119**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/03**

**(239) 5975060**

Date

Daytime Phone #

CR2E034 (10/02)