

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111228

1. Entity Name
AMBITIOUS ADVENTURES, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90629 023 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

5415 LAKE HOWELL RD.

3. Mailing Address

5415 LAKE HOWELL RD.

Suite, Apt. #, etc.

#227

Suite, Apt. #, etc.

#227

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEE Number

59-3621411

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

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

PEARLMAN, CRAIG S
940 HIGHLAND AVE.
ORLANDO, FL 32803

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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
D BENDER, SCOTT N
5415 LAKE HOWELL RD. #227
WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

5/1/01

Date

Daytime Phone #

CR2E034 (11/00)