

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90055 034 ***150.00

DOCUMENT # S42422

1. Entity Name
AMBERGATE, INC.

Principal Place of Business Mailing Address
801 UNO LAGO DRIVE 801 UNO LAGO DRIVE
JUNO BEACH FL 33408 NORTH PALM BEACH FL 33408
US US

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 **55-0707378** Applied For
 Not Applicable

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

~~SOLOMON, J.C. II~~ **Solomon, J.C., II**
801 UNO LAGO DRIVE
INUNO BEACH FL 33408

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SOLOMON, J.C. II	
STREET ADDRESS	801 UNO LAGO DRIVE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAZIOTTO, RAYMOND E	
STREET ADDRESS	810 UNO LAGO DR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM E	
STREET ADDRESS	500 UNO LAGO DR., #205	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: William E. Taylor William E. Taylor 4-17-2001 561-625-9443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)