

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90035 027 ***150.00

DOCUMENT # S424221. Entity Name
AMBERGATE, INC.

Principal Place of Business

**801 UNO LAGO DRIVE
JUNO BEACH FL 33408
US**

Mailing Address

**801 UNO LAGO DRIVE
NORTH PALM BEACH FL 33408
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**SOLOMON, J.C. II
801 UNO LAGO DRIVE
JUNO BEACH FL 33408**

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 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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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**

TITLE	P	<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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2002

Date

561-625-9443

Daytime Phone #

CR2E034 (9/01)