

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90030 016 ***150.00

DOCUMENT # S63450

1. Entity Name
AMBER HOMES, INC.

Principal Place of Business

**8621 BELLE MEADE DR
FT. MYERS FL 33908
US**

Mailing Address

**P.O. BOX 8087
FT. MYERS FL 33908
US**

2. Principal Place of Business

8621 BELLE MEADE DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0266145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZENTY, CAROL
593 BAYSIDE DR. P.O. Box 08087
FORT MYERS FL 33919 33908-0087**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8621 BELLE MEADE DR.

City

FT. MYERS

FL

Zip Code

33908-0087

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-01

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZENTY, CAROL**
STREET ADDRESS **14850 CRESCENT COVE DR.**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☐ Delete
NAME **GRABOWSKI, PETER**
STREET ADDRESS **14850 CRESCENT COVE DR.**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **S** ☐ Delete
NAME **KOCH, GREGORY**
STREET ADDRESS **2025 SYCUESTER RD #D4**
CITY-ST-ZIP **LAKELAND FL**

TITLE **AVP** ☐ Delete
NAME **DEFOE, BENEDICT**
STREET ADDRESS **4903 VICTEROY ST #A3**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **AVP** ☐ Delete
NAME **BRUGGEMAN, LUDWYK**
STREET ADDRESS **14921 A+W BULB RD**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **AVP** ☐ Delete
NAME **BRUGGEMAN, LUDWYK**
STREET ADDRESS **14921 A+W BULB RD**
CITY-ST-ZIP **FORT MYERS FL 33908**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Carol Zenty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01 941-433-4841

CR2E034 (10/00)