

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90147 018 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

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

**ZENTY, CAROL  
533 BAYSIDE DR  
FORT MYERS FL 33919**

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

SIGNATURE

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZENTY, CAROL</b>	
STREET ADDRESS	<b>14850 CRESCENT COVE DR.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRABOWSKI, PETER</b>	
STREET ADDRESS	<b>14850 CRESCENT COVE DR.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KOCH, GREGORY</b>	
STREET ADDRESS	<b>2025 SYCUESTER RD #D4</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>AVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEFOE, BENEDICT</b>	
STREET ADDRESS	<b>4903 VICTEROY ST #A3</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>AVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRUGGEMAN, LODEWYK</b>	
STREET ADDRESS	<b>14921 AV W BULB RD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-11-03** **(239) 433-4841**

CR2E034 (10/02)