

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90304 007 \*\*\*150.00

**DOCUMENT # V68520**

1. Entity Name

**AMBERWORLD INCORPORATED**

Principal Place of Business

Mailing Address

**STRAWBERRY LAKES CIR  
 LAKE WORTH FL 33463**

**5724 STRAWBERRY LAKES CIR  
 LAKE WORTH FL 33467-7715  
 US**

**D0048187**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7651 ARDWICK DRIVE  
 Suite, Apt. #, etc.**

**7651 ARDWICK DRIVE  
 Suite, Apt. #, etc.**

City & State

**LAKE WORTH FLA**

City & State

**LAKE WORTH FLA**

4. FEI Number

**65-0360365**

Applied For

Not Applicable

Zip

**33463**

Country

**U.S.A.**

Zip

**33463**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPAGNUOLO, DEBORAH A  
 5724 STRAWBERRY LAKES CIR  
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

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

**7651 ARDWICK DRIVE**

**LAKE WORTH**

**FL**

Zip Code

**33463**

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

*Deborah Spagnuolo* **PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

**24 April 2000**

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, 2000 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	<b>VSTD</b>	<input type="checkbox"/> Delete
NAME	<b>SPAGNUOLO, CARL J.</b>	
STREET ADDRESS	<b>5724 STRAWBERRY LAKES CIR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>CDP</b>	<input type="checkbox"/> Delete
NAME	<b>SPAGNUOLO, DEBORAH A.</b>	
STREET ADDRESS	<b>5724 STRAWBERRY LAKES CIR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
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	

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:

*Deborah Spagnuolo* **PRES.**  
 DEBORAH A. SPAGNUOLO

**24 April 2000**

Date

**642-1602**

Daytime Phone #

CR2E034 (9/99)