

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90058 039 \*\*\*150.00

0023812

**DOCUMENT # V68520**

1. Entity Name

**AMBERWORLD INCORPORATED**

Principal Place of Business

**7651 ARDNICK DRIVE  
 LAKE WORTH FL 33463  
 US**

Mailing Address

**7651 ARDNICK DRIVE  
 LAKE WORTH FL 33463  
 US**

2. Principal Place of Business

**7651 ARDNICK DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**7651 ARDNICK DRIVE**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0360365**

Applied For

Not Applicable

Zip

**33467**

Country

Zip

**33467**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPAGNUOLO, DEBORAH A  
 7651 ARDNICK DRIVE  
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

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

**7651 ARDNICK DRIVE**

City

**LAKE WORTH**

**FL**

Zip Code

**33467**

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, President*

**26 Jan 2001**

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, 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	VSTD	<input type="checkbox"/> Delete
NAME	SPAGNUOLO, CARL J.	
STREET ADDRESS	5724 STRAWBERRY LAKES CIR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	SPAGNUOLO, DEBORAH A.	
STREET ADDRESS	5724 STRAWBERRY LAKES CIR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7651 Ardnick Drive	
CITY-ST-ZIP	Lake Worth Fla 33467	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7651 Ardnick Drive	
CITY-ST-ZIP	Lake Worth Fla 33467	
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, President*

**26 Apr 2001**

**642-1602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)