

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90234 044 ***150.00

0127119

DOCUMENT # V37822

1. Entity Name
MEDI-CAR OF POMPANO, INC.

Principal Place of Business
**600 C NE 27TH STREET
 POMPANO BEACH FL 33060**

Mailing Address
**600 C NE 27TH STREET
 POMPANO BEACH FL 33060**

00064407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 C NE 27 St.
 Suite, Apt. #, etc.

3. Mailing Address
600 C NE 27 St.
 Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL. POMPANO BEACH, FL.
 Zip
33064 Broward 33064 Broward

4. FEI Number **65-0338093** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75**, Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISSMANN KENNETH R
 1056 SW 1ST AVE
 POMPANO BEACH FL 33060**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
P
 NAME **WISSMANN, KENNETH R**
 STREET ADDRESS **1056 SW 1ST AVE**
 CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
ST
 NAME **WISSMANN, CHRISTINE**
 STREET ADDRESS **1056 SW 1ST AVE**
 CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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)(l), 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: *Kenneth R. Wissmann* **KENNETH R. WISSMANN** 4-30-01 954-781-7319
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)