

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018638

1. Entity Name

MED-ONE SHUTTLE, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90065 030 \*\*\*150.00

00011271



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>945 NORTHBROOK DR. ORMOND BEACH FL 32174</b>	Mailing Address <b>945 NORTHBROOK DR. ORMOND BEACH FL 32174</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3546131</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JACK, JAMES 945 NORTHBROOK DR. ORMOND BEACH FL 32174</b>
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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.

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACK, JAMES</b>	
STREET ADDRESS	<b>945 NORTHBROOK DR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACK, FRANCES</b>	
STREET ADDRESS	<b>945 NORTHBROOK DR.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITFIELD, PAULINE</b>	
STREET ADDRESS	<b>146 ROSEWOOD AVE.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</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		

## 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES JACK**

01-24-01

Date

904-677-1143

Daytime Phone #

CR2E034 (10/00)