

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 005 ***150.00

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

DOCUMENT # 303959

1. Entity Name

AMBULANCE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5995 PHILIPS HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address
5995 PHILIPS HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-1216208

Applied For
Not Applicable

Zip
32216

Country
US

Zip
32216

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KATHY S. WALLACE

Street Address (P.O. Box Number is Not Acceptable)
12267 ALADDIN ROAD

City
JACKSONVILLE

FL

Zip Code
32223

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

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P	WALLACE, KATHY S.	5995 PHILIPS HIGHWAY	JACKSONVILLE, FL 32216
D	WALLACE, ROBERT T.	5995 PHILIPS HIGHWAY	JACKSONVILLE, FL 32216
D	WESTERFELD, DONOVAN E.	5995 PHILIPS HIGHWAY	JACKSONVILLE, FL 32216
D	DAVIS, CHARLES A.	5995 PHILIPS HIGHWAY	JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy S. Wallace* **KATHY S. WALLACE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2002

Date

Daytime Phone #