

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90042 050 ***150.00

B0011951



DO NOT WRITE IN THIS SPACE

DOCUMENT # 597819

1. Entity Name

TRANSMEDIC CARRIERS, INC.

Principal Place of Business

Mailing Address

2115 COOPERS LANE
JEFFERSONVILLE IN 471302115 COOPERS LANE
JEFFERSONVILLE IN 47130-9222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1871062

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

MEILLEUR, PAUL G.
207 CRESTWOOD LANE
HARBOR BLUFFS
LARGO FL 34640

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	SDT	<input type="checkbox"/> Delete
NAME	MEILLEUR, PAUL G	
STREET ADDRESS	207 CRESTWOOD LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MEILLEUR, MARGERY	
STREET ADDRESS	207 CRESTWOOD LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GATEWOOD, CLAUDIA C	
STREET ADDRESS	1 ISLAND VIEW	
CITY-ST-ZIP	JEFFERSONVILLE IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOUST, PAUL G M.D.	
STREET ADDRESS	1449 A TIMBER TRAIL	
CITY-ST-ZIP	AKRON OH	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

Date

Daytime Phone #

1-28-00 (812) 282-9939