

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 597819

1. Entity Name

TRANSMEDIC CARRIERS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90231 035 ***150.00

Principal Place of Business

2115 COOPERS LANE
JEFFERSONVILLE IN 47130

Mailing Address

2115 COOPERS LANE
JEFFERSONVILLE IN 47130

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

MARGERY MEILLEUR

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

207 CRESTWOOD LANE

City

LARGO

FL

Zip Code

33770

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

Margery Meilleur

MARGERY MEILLEUR, CHAIRMAN

4-13-01

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	SDT	<input checked="" 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 checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY RICE	
STREET ADDRESS	2115 COOPERS LANE	
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130	
TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURENT MEILLEUR	
STREET ADDRESS	2115 COOPERS LANE	
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2115 COOPERS LANE	
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130	
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:

Jerry Rice

JERRY RICE

4-13-01

(812)282-9939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)