

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 768812**

1. Entity Name

MANATEE COUNTY EMERGENCY MEDICAL SERVICES AUXILIARY, INCORPORATED

Principal Place of Business

**421 17TH AVENUE WEST
BRADENTON FL 34205-8315**

Mailing Address

**421 17TH AVENUE WEST
BRADENTON FL 34205-8315**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2312113

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****EDENFIELD, MARK
1112 MANATEE AVE. WEST
SUITE 525
BRADENTON FL 34205****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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **SKUKOWSKI, MARK**
STREET ADDRESS **5123 ITHACA LANE**
CITY-ST-ZIP **SARASOTA FL 34243**TITLE **DV** ☒ Delete
NAME **FISHPAW, KEITH**
STREET ADDRESS **5526 82ND AVE. DR. E.**
CITY-ST-ZIP **PALMETTO FL 34221**TITLE **DS** ☐ Delete
NAME **MATSON, DIANE**
STREET ADDRESS **1007 51ST AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34203**TITLE **DT** ☒ Delete
NAME **DOLE, AGNES**
STREET ADDRESS **2009 6TH ST W**
CITY-ST-ZIP **PALMETTO FL 34211**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **DV** ☒ Change ☐ Addition
NAME **Francesca Rossi**
STREET ADDRESS **4012 - 14th Ave W**
CITY-ST-ZIP **Bradenton FL 34205**TITLE **DT** ☒ Change ☐ Addition
NAME **SARA Hunter**
STREET ADDRESS **16922 WATERLINE Rd**
CITY-ST-ZIP **Bradenton FL 34212**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90088 034 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)