

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90209 015 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2312113**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EDENFIELD, MARK
1112 MANATEE AVE. WEST
SUITE 525
BRADENTON FL 34205**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **SKUKOWSKI, MARK**
STREET ADDRESS **5123 ITHACA LANE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Delete
NAME **ROSSI, FRANCESEA**
STREET ADDRESS **4012-14TH AVE W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Richard Griffin**
STREET ADDRESS **12800 Vonne Rd**
CITY-ST-ZIP **Largo FL 33774**

TITLE **DS** ☐ Delete
NAME **MATSON, DIANE**
STREET ADDRESS **1007 51ST AVENUE EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **HUNTER, SARA**
STREET ADDRESS **16922 WATERLINE RD**
CITY-ST-ZIP **BRADENTON FL 34212**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Dana Mc Millen**
STREET ADDRESS **3605 60th ST W**
CITY-ST-ZIP **Bradenton FL 34209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *Mark Skukowski* **Mark Skukowski**

3-26-03

941-302-2621

CR2E037 (10/02)