

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90083 014 \*\*\*\*61.25

**DOCUMENT # F00000000724**

1. Entity Name

**AIR LIFE RESCUE, INC.**



Principal Place of Business

**ATTN: MARTHA KREYE  
14609 AIRPORT PARKWAY  
CLEARWATER FL 33762**

Mailing Address

**ATTN: MARTHA KREYE  
14609 AIRPORT PARKWAY  
CLEARWATER FL 33762**

2. Principal Place of Business

**9431 Merrimoor Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 17403**

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Largo FL**

City & State

**Clearwater, FL**

4. FEI Number **59-3707538**

Applied For

Not Applicable

Zip

**33762**

Country

**Pinellas**

Zip

**33762**

Country

**Pinellas**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KREYE, MARTHA**

**14609 AIRPORT PARKWAY  
CLEARWATER FL 33762**

**9431 Merrimoor Blvd  
Largo FL 33762**

7. Name and Address of New Registered Agent

**Kreye, Martha**

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

**9431 Merrimoor Blvd**

City **Largo**

**FL**

Zip Code **33762**

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

*Martha Kreye*

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

(NOTE: Registered Agent signature required when reinstating)

**3/10/03**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C KREYE, KENNETH MD 9431 MERRIMOOR BLVD LARGO FL 33777</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VC SMITH, CLICK D MAJ GEN 6272 CHAUCER LANE ALEXANDRIA VA 22304-3539</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RUTHERFORD, JAMES C 7551 CUMBERLAND RD UNIT 13 LARGO FL 33777-2004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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*

**3/10/03**

**721-393-5805**

CR2E037 (10/02)