

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000004956**1. Entity Name
SOUTHERN EMERGENCY VEHICLES, INC.**Principal Place of Business**C/O AMERICAN PORT SERVICES, INC.
1344 WORLD TRADE CENTER
BALTIMORE MD
21202**Mailing Address**C/O AMERICAN PORT SERVICES, INC.
1344 WORLD TRADE CENTER
BALTIMORE MD
21202**2. Principal Place of Business**

C/O AMERICAN PORT SERVICES, INC.

3. Mailing Address

C/O AMERICAN PORT SERVICES, INC.

Suite, Apt. #, etc.

401 E. PRATT ST., SUITE 1344

Suite, Apt. #, etc.

401 E. PRATT ST., SUITE 1344

City & State

BALTIMORE MD

City & State

BALTIMORE MD

Zip

21202

Country**Zip**

21202

Country**4. FEI Number****52-2265066****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324 US

FL

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)

04/30/2001

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 DCFO ☐ Delete
NAME STACEY MICHAEL A
STREET ADDRESS 1344 WORLD TRADE CENTER
CITY-ST-ZIP BALTIMORE MD 21202TITLE DCEO ☐ Delete
NAME TIPSON DOUGLAS A
STREET ADDRESS 1344 WORLD TRADE CENTER
CITY-ST-ZIP BALTIMORE MD 21202TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE DCFO ☒ Change ☐ Addition
NAME STACEY MICHAEL A
STREET ADDRESS 401 E. PRATT ST., SUITE 1344
CITY-ST-ZIP BALTIMORE MD 21202TITLE DCEO ☒ Change ☐ Addition
NAME TIPTON DOUGLAS A
STREET ADDRESS 401 E. PRATT ST., SUITE 1344
CITY-ST-ZIP BALTIMORE MD 21202TITLE ☐ 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

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: MICHAEL A STACEY

CFO

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)