


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90127 027 ***150.00

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DOCUMENT # F20454	
1. Entity Name CENTURY AMBULANCE SERVICE, INC.	

Principal Place of Business 2103 GILMORE ST. JACKSONVILLE FL 32204	Mailing Address 2103 GILMORE ST. JACKSONVILLE FL 32204
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2. Principal Place of Business (SAME) Suite, Apt. #, etc.	3. Mailing Address (SAME) Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 59-2060042	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SELLERS, HERBERT S, III
6063 KINGSLEY LAKE DRIVE
STARKE FL 32091

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE: DP <input type="checkbox"/> Delete	SELLERS, HERBERT S, III 2103 GILMORE ST. JACKSONVILLE FL
TITLE: DV <input type="checkbox"/> Delete	MORRELL, MARSHA 2103 GILMORE ST. JACKSONVILLE FL
TITLE: DST <input type="checkbox"/> Delete	KOOB, KATHLEEN R. 2103 GILMORE ST. JACKSONVILLE FL
TITLE: DV <input type="checkbox"/> Delete	SELLERS, TANA L. 2103 GILMORE ST. JACKSONVILLE FL
TITLE: Director <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	Hope S. Smith 2103 Gilmore Street Jacksonville FL 32204
TITLE: Director <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	Raymond E. Bailey 2103 Gilmore Street Jacksonville FL 32204

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Robert W. Allen 2103 Gilmore Street Jacksonville FL 32204
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	_____
TITLE: _____ <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 the receiver or trustee empowered to execute this report as required by Chapter 607, 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: Kathleen Koob **2-5-03** **904 3560835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)