## 2000 UNIFORM BUSINESS REPORT (UBR)

11.

SIGNATURE:

## May 03, 2000 8:00 am Secretary of State OCUMENT # **G33069** A AFFORDABLE EMERGENCY SERVICES, INC. 05-03-2000 90034 002 \*\*\*150.00 Mailing Address rincipal Place of Business LANCE LANE 269 LANCE LANE KEY LARGO FL 33037-4813 Y LARGO FL 33037 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2299887 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUCKER, LEE J VP Street Address (P.O. Box Number is Not Acceptable) 269 LANCE LANE KEY LARGO FL 33037 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/99 Addition ☐ Delete ☐ Change TITLE NAME NAME TUCKER, ELMER LEE, JR. STREET ADDRESS STREET ADDRESS 269 LANCE LANE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL ☐ Change Addition TITLE ☐ Delete NAME Tucker, Robin E. STREET ADDRESS STREET ADDRESS 269 LANCE LANE CITY-ST-ZIP KEY LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY;ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 articless with all other like empowered.

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**