# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 04, 2002 8:00 am**
**Secretary of State**
06-04-2002 90221 012 ***150.00

DOCUMENT # G33069

1. Entity Name

A Affordable Emergency Services, Inc

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 269 Lance Lane | 269 Lance Lane |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Key Largo Fla | City & State: Key Largo Fla |
| Zip: 33037 Country: USA | Zip: 33037 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Elmer Lee Tucker II

Street Address (P.O. Box Number is Not Acceptable): 42 Andros Rd

City: Key Largo FL Zip Code: 33037

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | V |
| NAME | Tucker, Elmer Lee Jr |
| STREET ADDRESS | 42 Andros Rd |
| CITY-ST-ZIP | Key Largo, Fla 33037 |
| TITLE | P |
| NAME | Tucker, Robin E |
| STREET ADDRESS | 42 Andros Rd |
| CITY-ST-ZIP | Key Largo, Fla 33037 |
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ vice president 6/1/02 305-451-3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #