

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90438 016 ***150.00

DOCUMENT # G67180

1. Entity Name

AIR AMBULANCE CARE FLIGHT INTERNATIONAL, INC.

Principal Place of Business

**14421 AIRPORT PKWY
 CLEARWATER FL 33762
 US**

Mailing Address

**14421 AIRPORT PKWY
 CLEARWATER FL 33762
 US**

2. Principal Place of Business

**14609 Airport Parkway
 Suite, Apt. #, etc.**

3. Mailing Address

**14609 Airport Parkway
 Suite, Apt. #, etc.**

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-2335825

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

7. Name and Address of New Registered Agent

**KREYE, MARTHA
 9431 MERRIMOR BLVD.
 SEMINOLE FL 33777**

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

Martha Kreye

Martha Kreye

1/4/01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

727 530 7972

Daytime Phone #

CR2E034 (10/00)