

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G86006

FILED  
Sep 10, 2003  
Secretary of State

Entity Name: MEDICAL TRANSPORT SERVICE, INC.

## Current Principal Place of Business:

3238 S. FLORIDA AVENUE  
SUITE A  
INVERNESS, FL 34450 US

## New Principal Place of Business:

1641 W GULF TO LAKE HWY  
SUITE A  
LECANTO, FL 34461 US

## Current Mailing Address:

P.O. BOX 2077  
INVERNESS, FL 34451 US

## New Mailing Address:

FEI Number: 59-2385385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAFFNEY, KAREN O. ESQ  
452 S. PLESANT GROVE RD.  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LONGACRE, CYNTHIA A.,  
Address: 665 E KNIGHT BRIDE PL  
City-St-Zip: LECANTO, FL 34461

Title: DV ( ) Delete  
Name: TYNER, MARGARITE S.,  
Address: VASSAR AVENUE  
City-St-Zip: INVERNESS, FL

Title: S ( ) Delete  
Name: LONGACRE, JOHN C.,  
Address: 665 E KNIGHTS BRIDGE PLACE  
City-St-Zip: LECANTO, FL 34461

Title: T ( ) Delete  
Name: TYNER, JAMES RALPH,  
Address: VASSAR AVENUE  
City-St-Zip: INVERNESS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: LONGACRE, CYNTHIA A.,  
Address: 665 E KNIGHTSBRIDGE PL  
City-St-Zip: LECANTO, FL 34461

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C LONGACRE

S

09/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date