

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90011 033 ***150.00

0592293 AT

DOCUMENT # H31627

1. Entity Name

LIFELINE AIR AMBULANCE INC.

Principal Place of Business

**1009 POOL CT
 ORLANDO FL 32828
 US**

Mailing Address

**P.O. BOX 677566
 ORLANDO FL 32867
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2467515

Applied For

Not Applicable

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

BARLOW, ROSEMARY

**1009 POOL CT
 ORLANDO FL 32828**

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

Rosemary Barlow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 9 - 2002

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, 2002 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

TITLE **P - S** ☐ Delete
 NAME **BARLOW, ROSEMARY**
 STREET ADDRESS **1009 POOL COURT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **V-T** ☐ Addition
 NAME ~~**Kelly Barlow**~~
 STREET ADDRESS ~~**1009 POOL CT**~~
 CITY-ST-ZIP ~~**ORLANDO, FL 32828**~~

TITLE **V** ☒ Delete
 NAME **BARLOW, KRISTIN**
 STREET ADDRESS **1009 POOL COURT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **S-P** ☒ Change ☐ Addition
 NAME **Rosemary Barlow**
 STREET ADDRESS **1009 POOL CT**
 CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **S** ☐ Delete
 NAME **BARLOW, KELLY**
 STREET ADDRESS **1009 POOL COURT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **V-T** ☒ Change ☐ Addition
 NAME **Kelly Barlow**
 STREET ADDRESS **937 CROWS NEST CIRCLE #105**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE:

Rosemary Barlow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 9 - 2002

CR2E034 (9/01)