

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99119

1. Entity Name

ABLE AVIATION AND AIR AMBULANCE, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90065 030 ***150.00

Principal Place of Business

Mailing Address

3100 AIRMANS DR
FT PIERCE FL 34946
US

PO BOX 3689
FT PIERCE FL 34948-3689
US

2. Principal Place of Business

3050 AIRMANS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

F. PIERCE FL.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0019414

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

BURDSALL, GARY L.
420 SOPWITH DR.
VERO BEACH FL 32968

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

(NOTE: Registered Agent signature required when registering)

DATE

01-12-00

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, 2000 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 PD
NAME BURDSALL, GARY L.
STREET ADDRESS 420 SOPWITH DR
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPT
NAME PRICE, ERIC C
STREET ADDRESS 8004 WINTER GARDEN PKWY
CITY-ST-ZIP FT. PIERCE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AVPS
NAME HOEHN, JAMES K.
STREET ADDRESS 6961 NW HARTNEY WAY
CITY-ST-ZIP PORT ST LUCIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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: GARY L. BURDSALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-12-00 465-0893

CR2E034 (9/99)