

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90094 047 \*\*\*150.00

0644243 AT

**DOCUMENT # J99119**

1. Entity Name  
**ABLE AVIATION AND AIR AMBULANCE, INC.**



Principal Place of Business  
**3060 AIRMANS DR  
FT. PIERCE FL 34948  
US**

Mailing Address  
**PO BOX 3689  
FT PIERCE FL 34948  
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 **65-0019414**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **GARY L. BURDSALL PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **BURDSALL, GARY L**  
STREET ADDRESS **420 SOPWITH DR**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPT** ☒ Delete  
NAME **PRICE, ERIC C**  
STREET ADDRESS **5555 EMERSON AVE**  
CITY-ST-ZIP **FORT PIERCE-FL-34951**

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

TITLE **AVPS** ☐ Delete  
NAME **HOEHN, JAMES K.**  
STREET ADDRESS **6961 NW HARTNEY WAY**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **VPS** ☒ 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]* **GARY L. BURDSALL PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-16-03 772-465-0893**

CR2E034 (10/02)

90138554

Attachment



J99119

WORLDWIDE  
HEADQUARTERS  
3050 Airmans Drive  
Fort Pierce, FL 34946  
ph: (561) 465-0893  
fax: (561) 465-7903

June 2, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Ladies and Gentlemen:

Enclosed please find our Uniform Business Report for 2003. As I am sure you have noticed this filing is arriving late. I have been away from the company and in California for several weeks dealing with the estate of a family member. Mr. Burdsall placed the Uniform Business Report on my desk to be sent in April. Neither of us expected I would be called away, and under the circumstance, neither of us remembered the report until I returned. Because of my extenuation circumstance, and because we have not filed late in the past, I would like to ask that our late fees be waived for this filing. Thank you for your consideration and I look forward to your favorable reply.

Sincerely yours,

Wayne Livingston  
Controller

