

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50818

1. Entity Name

JACKSONVILLE EMERGENCY CONSULTANTS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90076 045 ***150.00

Principal Place of Business

8282 WOODGROVE RD.
JACKSONVILLE FL 32256

Mailing Address

8282 WOODGROVE RD.
JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2924836**

Applied For

Not Applicable

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

C0010857



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ISAAC, FRED C
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	PEREZ-POVEDA, J R	
STREET ADDRESS	8282 WOODGROVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ALEMAN, JAIME	
STREET ADDRESS	8539 HUNTER'S CREEK DRIVE N	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> Delete
NAME	GYARMATHY, RAYMOND	
STREET ADDRESS	158 OCEANWAY DR. SOUTH	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	V	<input type="checkbox"/> Delete
NAME	AUNG-DIN, KENNETH	
STREET ADDRESS	8658 PEBBLE CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, STEVEN M	
STREET ADDRESS	8217 HAMPTON LAKE LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALONSO, LEONARDO	
STREET ADDRESS	831 CHICOPIT LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (904) 641-1925

Date

Daytime Phone #

CR2E034 (10/00)