

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90078 031 ***150.00

DOCUMENT # K50818

1. Entity Name
JACKSONVILLE EMERGENCY CONSULTANTS, INC.

Principal Place of Business
**8282 WOODGROVE RD.
 JACKSONVILLE FL 32256**

Mailing Address
**8282 WOODGROVE RD.
 JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2924836**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ISAAC, FRED C
 2468 ATLANTIC BLVD.
 JACKSONVILLE FL 32207**

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, 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 **PT** ☐ Delete
 NAME **PEREZ-POVEDA, J R**
 STREET ADDRESS **8282 WOODGROVE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **Menze, Roger (Director)** ☐ Change ☒ Addition
 NAME **4511 Cogburn Dr.**
 STREET ADDRESS **Jacksonville, FL 32250**
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **ALEMAN, JAIME**
 STREET ADDRESS **8539 HUNTER'S CREEK DRIVE N**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **Oliver, Radames (Director)** ☐ Change ☒ Addition
 NAME **8110 Middlefork Way**
 STREET ADDRESS **Jacksonville, FL 32256**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **GYARMATHY, RAYMOND**
 STREET ADDRESS **158 OCEANWAY DR. SOUTH**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **Papavasiliou, John (Director)** ☐ Change ☒ Addition
 NAME **14314 Nature Bridge Lane**
 STREET ADDRESS **JACKSONVILLE, FL 32224**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **AUNG-DIN, KENNETH**
 STREET ADDRESS **8658 PEBBLE CREEK LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **Weller, Lawrence (Director)** ☐ Change ☒ Addition
 NAME **8736 Hunter Creek Dr S.**
 STREET ADDRESS **Jacksonville, FL 32256**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BLAKE, STEVEN M**
 STREET ADDRESS **8217 HAMPTON LAKE LN**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Forster, John (Director)** ☐ Change ☒ Addition
 NAME **532 Lake Rd**
 STREET ADDRESS **Ponte Vedra Beach, FL 32802**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALONSO, LEONARDO**
 STREET ADDRESS **831 CHICOPIT LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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: J. R. Perez-Poveda **J. R. Perez-Poveda** 2/8/02 (904)641-1925
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)