

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M82638**

1. Entity Name
ATLANTIC EMERGENCY SERVICES, P.A.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90076 020 ***150.00

Principal Place of Business Mailing Address
% CHARLES DONALDSON % CHARLES DONALDSON
7 SEA OATS TERRACE 7 SEA OATS TERRACE
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176

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 **59-2916223** 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

DONALDSON, CHARLES
7 SEA OATS TERRACE
ORMOND BEACH FL 32176

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | D DONALDSON, CHARLES 7 SEA OATS TERRACE ORMOND BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00 **904 441 8891**
Date Daytime Phone #

CR2E034 (5/00)

Attachment Doc# M82638
Dear Sir: DOOB0601

I did not receive the First Notice. I called the Uniform Business Report office and they told me to pay the \$150.00 instead of the late 2nd notice of \$550.

Thank you,

C. Donaldson