

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM****Secretary of State****DOCUMENT # N15531**1. Entity Name  
ANGEL FLIGHT SOUTHEAST, INC.Principal Place of Business  
8742 AIRPORT BLVD. STE 1  
LEESBURG FL 34788 US  
Mailing Address  
8742 AIRPORT BLVD. STE 1  
LEESBURG FL 34788 US2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country4. FEI Number  
**59-2697223**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
PRINGLE JOHN A.  
26600 ACE AVE.  
LEESBURG FL 34748 US  
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 \_\_\_\_\_ 03/22/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATEFILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DALTON LILI			NAME	JOHNSON LEE		
STREET ADDRESS	6949 RACQUET CIR			STREET ADDRESS	27644 LISA DR.		
CITY-ST-ZIP	LEESBURG FL			CITY-ST-ZIP	TEVARES FL 32778		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REEVES SHELLY			NAME	NEAL RUSS		
STREET ADDRESS	696 SHADY COURT			STREET ADDRESS	2722 REGAL WAY		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			CITY-ST-ZIP	TUCKER GA 30089		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT ROSS			NAME	NEWELL BARBARA		
STREET ADDRESS	1180 SPRING CENTER SOUTH, SUITE 223			STREET ADDRESS	24508 RODA DR.		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP	BONITA SPRINGS FL 34135		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ATKINS JIM			NAME	POWERS TOM		
STREET ADDRESS	1401 CANAL POINT			STREET ADDRESS	1858 NW 124TH AVE.		
CITY-ST-ZIP	LONGWOOD FL 32750			CITY-ST-ZIP	CORAL SPRINGS FL 33071		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WACHSTEIN RICK			NAME	HOFFBERG ALAN M		
STREET ADDRESS	11808 NORTH 56TH ST			STREET ADDRESS	PO BOX 917750		
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP	LONGWOOD FL 32791		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINGLE JOHN A			NAME			
STREET ADDRESS	26600 ACE AVENUE			STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL			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)(f), 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 617, 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: LEE JOHNSON P 03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)