

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90071 026 \*\*\*150.00

**DOCUMENT # P02000041425**

**1. Entity Name**

City Wide Medical Transport Services, Inc.



**DO NOT WRITE IN THIS SPACE**

20000923

**2. Principal Place of Business**  
2925 W. Arch Street

Suite, Apt. #, etc.

**3. Mailing Address**  
2925 W. Arch Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Tampa, FL

**City & State**  
Tampa, FL

**4. FEI Number** 04-3624170

Applied For  
Not Applicable

**Zip**  
33607

**Country**  
Hillsborough

**Zip**  
33607

**Country**  
Hillsborough

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Sandra K. Miller

**Street Address (P.O. Box Number is Not Acceptable)**

2925 W. Arch Street

**City** Tampa

**FL**

**Zip Code**  
33607

**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**

*Sandra K. Miller*

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

(NOTE: Registered Agent signature required when reinstating)

1-6-03

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> Miller, Sandra K 2925 W. Arch Street, Tampa, FL 33607	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CD</b> Miller, David II 2925 W. Arch Street, Tampa, FL 33607	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> Percy, Charveilla S 1745 Holy Cow Rd. Polk City, FL 33868	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Sandra K. Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 (813) 872-8309  
Date Daytime Phone #

CR2E034B (12/02)