

PD2000041425

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

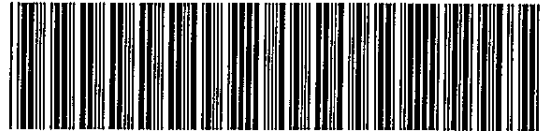
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** City Wide Transport Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** G02066900359

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra K. Miller

(Name of Person)

City Wide Transport Services, Inc.

(Name of Firm/Company)

2925 W. Arch Street

(Address)

Tampa, Fl 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra K. Miller

(Name of Person)

at ( 813 ) 872-8309

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 14, 2003

SANDRA K. MILLER  
CITY WIDE TRANSPORT SERVICES, INC.  
2925 W. ARCH STREET  
TAMPA, FL 33607

SUBJECT: CITY WIDE MEDICAL TRANSPORT SERVICES, INC.  
Ref. Number: P02000041425

We have received your document for CITY WIDE MEDICAL TRANSPORT SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 10 business days of the date that the original document was filed.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 703A00001952

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
03 JAN 30 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CITY WIDE MEDICAL TRANSPORT  
SERVICES, INC.

(present name)

102000041425  
(Document Number of Corporation (If known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

ARTICLE #1: NAME HAS BEEN CHANGED TO  
READ: CITY WIDE TRANSPORT  
SERVICES, INC.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: 10-28-02

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 27<sup>th</sup> day of January, 2003

Signature Sandra K. Miller (Owner/President)  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Title