

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38129

1. Entity Name

ATLANTIC/KEY WEST AMBULANCE, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90136 025 ***150.00

Principal Place of Business

Mailing Address

2821 S PARKER RD
10TH FL
AURORA CO 80014
US

2821 S PARKER RD
10TH FL
AURORA CO 80014
US

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

33-0506809

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	GRAINGER, JOHN	
STREET ADDRESS	3221 N SERVICE RD	
CITY-ST-ZIP	BURLINGTON ON CANADA L7-R3Y8	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAYES, RAYMOND	
STREET ADDRESS	1305 CHASTAIN ROAD N.W., #400	
CITY-ST-ZIP	KENNESAW GA 30144	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GARNER, ROBERT	
STREET ADDRESS	7255 N.W. 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	EVANS, LORI A E	
STREET ADDRESS	3221 N. SERVICE ROAD	
CITY-ST-ZIP	BURLINGTON ON L7R3Y-8	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	PORAZZO, GINO	
STREET ADDRESS	2821 S PARKER RD., 10TH FLOOR	
CITY-ST-ZIP	AURORA CO 80014	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	MAMELSON, CRAIG	
STREET ADDRESS	1305 CHASTAIN ROAD N.W., #400	
CITY-ST-ZIP	KENNESAW GA 30144	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Edwards	
STREET ADDRESS	2821 S. Parker Road, 10th Floor	
CITY-ST-ZIP	Aurora, CO 80014	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Whittaker	
STREET ADDRESS	600 Six Flags Drive, #300	
CITY-ST-ZIP	Arlington, TX 76011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori A.E. Evans

3/26/01

(303) 614-8500

Date

Daytime Phone #

CR2E034 (10/00)