2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # P38132** 1. Entity Name SEMINOLE COUNTY AMBULANCE, INC. 04-10-2001 90136 024 ***150.00 Mailing Address Principal Place of Business 2821 S. PARKER RD. 2821 S. PARKER RD. 10TH FLOOR 10TH FLOOR AURORA CO 80014 AURORA CO 80014 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0506811 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM-Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D Change Addition ☐ Delete TITLE. TITLE VAS Jack Edwards NAME NAME EVANS, LORI A E STREET ADDRESS 2821 S. Parker Road, 10th Floor Aurora, CO 80014 STREET ADDRESS 3221 N. SERVICE ROAD CITY-ST-ZIP CITY-ST-ZIP BURLINGTON ON L7R3Y-8 VTAS ☐ Change ★ Addition □x0elete TITLE TITLE Craiq Mamelson NAME NAME **GRAINGER, JOHN** STREET ADDRESS 1305 Chastain Road NW, #400 STREET ADDRESS 3221 N SERVICE RD CITY-ST-ZIP CITY-ST-ZIP Kennesaw, GA 30144 BURLINGTON, ON CANADA L7-R3Y8. ☐ Addition Change Change ☐ Delete TITLE TITLE NAME GARNER, ROBERT STREET ADDRESS STREET ADDRESS 7255 NW 19TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME HAYES. RAYMOND STREET ADDRESS STREET ADDRESS 1305 CHASTAIN ROAD N.W., #400 CITY-ST-ZIP CITY-ST-ZIP KENNESAW GA 30144 ☐ Addition ☐ Change ☐ Delete TITLE VAS NAME NAME PORAZZO, GINO STREET ADDRESS STREET ADDRESS 2821 S PARKER RD, 10TH FL CITY-ST-ZIP CITY-ST-ZIP AURORA CO 80014 Change ☐ Addition ☐ Delete TITLE TITLE AS NAME NAME WHITTAKER, SUSAN A STREET ADDRESS STREET ADDRESS 600 SIX FLAGS DRIVE CITY-ST-ZIP CITY-ST-ZIP ARLINGTON TX 76011 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 attackment with an address with all other like empowered.

SIGNATURE:

Tana Lori A.E. Evans

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

(303) 614-8500

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