

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90030 027 ***150.00

DOCUMENT # P95000053242

1. Entity Name
APPLIED EMERGENCY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**524 S. STAR AVENUE
 PANAMA CITY FL 32404**

**P O BOX 6412
 PANAMA CITY FL 32404-012
 US**

2. Principal Place of Business

3. Mailing Address

3008 W. Sam Allen Rd

3008 W. Sam Allen Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City FL

Zip

Country **USA**

33565

Hillsborough

Zip

Country **USA**

33565

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARK, LARRY T
 524 S. STAR AVENUE
 PANAMA CITY FL 32404**

Name

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

3008 W. Sam Allen Rd

City

Plant City

FL

Zip Code

33565

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

Larry T Clark, President

1, 19, 01

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	PTDC	<input type="checkbox"/> Delete
NAME	CLARK, LARRY T	
STREET ADDRESS	524 S STAR AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CLARK, CHERYL G	
STREET ADDRESS	524 S STAR AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3008 W. Sam Allen Rd	
CITY-ST-ZIP	Plant City FL 33565	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3008 W. Sam Allen Rd	
CITY-ST-ZIP	Plant City FL 33565	
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:

Larry T Clark, Pres

1, 19, 01 813-654-4522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY TO PHONE #

CR2E034 (10/00)