

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
 03-13-2002 90128 050 \*\*\*150.00

NOTES  
 AV

**DOCUMENT # P96000102150**  
 1. Entity Name  
**AMERICARE AMBULANCE SERVICE, INC.**

Principal Place of Business Mailing Address  
**600 MADISON ST 600 MADISON ST**  
**TAMPA FL 33602 TAMPA FL 33602**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3422981** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
**CARR, DAVID M**  
**600 MADISON ST**  
**TAMPA FL 33602**  
 7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MASON, RONNIE</b> <b>202 W POWHATTAN</b> <b>TAMPA FL 33604</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARR, DAVID M</b> <b>600 MADISON ST</b> <b>TAMPA FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **12/22/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)