

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90022 004 \*\*\*150.00

**DOCUMENT # P98000007339**

**1. Entity Name**  
**TRI-COUNTY MEDICAL TRANSPORTATION SERVICE, INC.**

**Principal Place of Business**  
**150 S.W. 12TH AVENUE**  
**SUITE 310A**  
**POMPANO BEACH FL 33069**

**Mailing Address**  
**150 S.W. 12TH AVENUE**  
**SUITE 310A**  
**POMPANO BEACH FL 33069**



DO NOT WRITE IN THIS SPACE

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

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

*150 SW 12 ave*  
*Suite 310A*  
*Pompano Beach FL*  
*33069 USA*

**4. FEI Number** **65-0814116** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**KATRYCH, DENNIS**  
**150 S.W. 12TH AVENUE**  
**SUITE 310A**  
**POMPANO BEACH FL 33069**

**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** *Dennis Katrych* **1-28-02**  
 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, 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KATRYCH, DENNIS</b>	
STREET ADDRESS	<b>150 S.W. 12TH AVE. STE. 301A</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
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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:** *Dennis Katrych* **1-28-02** **954 9427565**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)