

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business
150 S.W. 12th ave.

Suite, Apt. #, etc.
ste. 310A

City & State
Pompano Beach FL

Zip 33069 Country USA

6. Name and Address of Current Registered Agent

KATRYCH, DENNIS
150 S.W. 12TH AVENUE
SUITE 310A
POMPANO BEACH FL 33069

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)

1-28-02

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

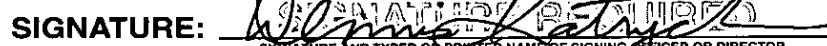
11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATRYCH, DENNIS 150 S.W. 12TH AVE. STE. 301A POMPANO BEACH FL 33069	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

954
9427565

Date

Daytime Phone #