

2002

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000064167**

1. Entity Name

EMPIRE MEDICAL TRANSPORT, INC.

Principal Place of Business

Mailing Address

4240 53RD AVENUE WEST
#2709
BRADENTON FL 34210PO BOX 10922
BRADENTON FL 34282

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLOUGHLIN, DANIEL J
4240 53RD AVE WEST
#2709
BRADENTON FL 34210

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)

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 15, Fee will be \$550.00
Make Check payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLOUGHLIN, DANIEL	
STREET ADDRESS	4240 53RD AVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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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

Daniel J. McLaughlin

3/15/02

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90090 024 ***150.00

B0051277



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0853721**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLOUGHLIN, DANIEL J
4240 53RD AVE WEST
#2709
BRADENTON FL 34210

Name

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