

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082539

1. Entity Name

SOUTHERN MEDICAL TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

4608 DELWOOD PARK BLVD  
PANAMA CITY BEACH FL 32408

P O BOX 27533  
PANAMA CITY BEACH FL 32444-0278

2. Principal Place of Business

5772 HWY 77

3. Mailing Address

PO BOX 278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

City & State

LYNN HAVEN, FL

4. FEI Number

59-3537035

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, BRETT  
4608 DELWOOD PARK BLVD  
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent

Name

GARY LUNS福德

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

5772 HWY 77

City

CHIPLEY

FL

Zip Code  
32428

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

*Gary M. Lunsford* PRESIDENT

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, BRETT	
STREET ADDRESS	4608 DELWOOD PARK BLVD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, NATALIE	
STREET ADDRESS	4608 DELWOOD PARK BLVD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITTLE, CRAIG	
STREET ADDRESS	2908 FAIRMONT DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITTLE, JENNIFER	
STREET ADDRESS	2908 FAIRMONT DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNS福德, GARY M.	
STREET ADDRESS	5772 HWY 77	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNS福德, SUSAN B.	
STREET ADDRESS	5772 HWY 77	
CITY-ST-ZIP	CHIPLEY, FL 32428	

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: *Gary M. Lunsford* REQUIRED GARY M. LUNS福德

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90080 031 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)