

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098559

1. Entity Name

CENTRAL FLORIDA AMBULANCE, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90040 021 ***158.75

Principal Place of Business

320 GOLF BROOK CIRCLE, #206
LONGWOOD FL 32779

Mailing Address

320 GOLF BROOK CIRCLE, #206
LONGWOOD FL 32773-5325

2. Principal Place of Business

2621 S. ORLANDO DR.

3. Mailing Address

2570 SOUTH PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD

City & State

PEMBROKE PARK

4. FEI Number

59-3545875

Applied For

Not Applicable

Zip

32773

Country

SEMI

Zip

33009

Country

BROWARD

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, JOHN W II
320 GOLF BROOK CIRCLE, #206
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

RAUL MEDINA

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

2570 S. PARK ROAD

City

PEMBROKE PARK

FL

Zip Code

33009

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 must be 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 ☐ Delete

NAME
WOOD, SAMUEL L
STREET ADDRESS
863 CEDAR AVE.
CITY-ST-ZIP
ORANGE CITY FL 32763

TITLE ☒ Delete

NAME
HARRISON, JOHN W II
STREET ADDRESS
320 GOLF BROOK CIRCLE, #206
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Delete

NAME
PRESIDENT
CHARLES MAYMON
STREET ADDRESS
2570 S. PARK RD
CITY-ST-ZIP
PEMBROKE PARK FL 33009

TITLE ☐ Delete

NAME
SEC.
RAUL MEDINA
STREET ADDRESS
2570 S. PARK RD.
CITY-ST-ZIP
PEMBROKE PARK FL 33009

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

305-888-4100

Daytime Phone #

CR2E034 (9/99)