

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098559

1. Entity Name

CENTRAL FLORIDA AMBULANCE, INC.

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90360 010 ***158.75

Principal Place of Business

2621 S. ORLANDO DR
SANFORD FL 32773

Mailing Address

6605 N.W. 74 AVE
MIAMI FL 33166

2. Principal Place of Business

3836 Commerce Loop

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

Zip

32808

Country

ORANGE

Country

4. FEI Number

59-3545875

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, RAUL
6605 N.W. 74 AVE
MIAMI FL 33166

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

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

TITLE ☐ Delete
NAME P
STREET ADDRESS MAYMON, CHARLES
CITY-ST-ZIP 2570 SOUTH PARK RD
PEMBROKE PARK FL 33009

TITLE ☐ Delete
NAME S
STREET ADDRESS MEDINA, RAUL
CITY-ST-ZIP 2570 SOUTH PARK RD
PEMBROKE PARK FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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

Date

Daytime Phone #

4/23/02

305-525-4601

CR2E034 (9/01)