

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90028 029 ***150.00

DOCUMENT # P99000060004

1. Entity Name
AFFORDABLE PATIENT TRANSPORT CORP.

Principal Place of Business
1741 NORTH MONTE CRUZ POINT
HERNANDO FL 34442

Mailing Address
P.O. BOX 1197
LECANTO FL 34460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0932995

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

GAFFNEY, KAREN O
221 W. MAIN STREET., SUITE D
INVERNESS FL 34450

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LONGACRE, JOHN C JR. | |
| STREET ADDRESS | 223 N. BEBRIDES POINT | |
| CITY-ST-ZIP | INVERNESS FL 34450 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LONGACRE, CYNTHIA A | |
| STREET ADDRESS | 223 N. BEBRIDES POINT | |
| CITY-ST-ZIP | INVERNESS FL 34450 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TYNER, JAMES R SR. | |
| STREET ADDRESS | 215 VASSAR ST. | |
| CITY-ST-ZIP | INVERNESS FL 34452 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TYNER, MARGUERITE S | |
| STREET ADDRESS | 215 VASSAR ST. | |
| CITY-ST-ZIP | INVERNESS FL 34452 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Longacre, John C. Jr. | |
| STREET ADDRESS | 665 E Knightsbridge Pl | |
| CITY-ST-ZIP | LECANTO FL 34461 | |
| TITLE | A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Longacre, Cynthia A. | |
| STREET ADDRESS | 665 E Knightsbridge Pl | |
| CITY-ST-ZIP | LECANTO FL 34461 | |
| 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 | | |

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: *John C. Longacre Jr.* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 **352 628 7879**
 Date Daytime Phone #

CR2E034 (9/01)