

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2002 90076 049 ***150.00

DOCUMENT # P99000082038

1. Entity Name

SPECIALIZED TRANSPORTATION FOR OUTPATIENT SERVICES, INC.

Principal Place of Business

415 ORANGE STREET
TITUSVILLE FL 32782

Mailing Address

415 ORANGE STREET
TITUSVILLE FL 32782



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

* 815 S. Washington Ave
Suite, Apt. #, etc.
Suite 104

3. Mailing Address

P.O. Box 6068
Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

4. FEI Number

59-3597866

Applied For

Not Applicable

Zip

32780

Country

Brevard

Zip

32782

Country

Brevard

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JARVIS, NELSON R
415 ORANGE STREET
TITUSVILLE FL 32782

7. Name and Address of New Registered Agent

Name

(same)

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

815 S. Washington Ave

Suite 104

City

Titusville

FL

Zip Code

32780

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

N. ROBERT JARVIS

1/22/02

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 PSD
NAME JARVIS, NELSON R
STREET ADDRESS 415 ORANGE STREET
CITY-ST-ZIP TITUSVILLE FL 32782 ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 815 S. Washington Ave, Suite 104
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

1-21-02

Date

828-646-3900

Daytime Phone #

CR2E034 (9/01)