

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085768

1. Entity Name

ANTILLES EMERGENCY GROUP, P.A.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90037 001 \*\*\*\*\*8.75  
 09-14-2000 90037 002 \*\*\*550.00

Principal Place of Business

PMB #118, 380 S. STATE ROAD 434  
 SUITE 1004  
 ALTAMONTE SPRINGS FL 32174-3866

Mailing Address

PMB #118, 380 S. STATE ROAD 434  
 SUITE 1004  
 ALTAMONTE SPRINGS FL 32174-3866

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

593623643

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CANTRELL, FRANK T  
 PMB #118, 380 S. STATE ROAD 434  
 SUITE 1004  
 ALTAMONTE SPRINGS FL 32174-3866

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

*Frank Cantrell, President* *Sept 10, 2000*  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 (President)* ☐ Delete  
 NAME CANTRELL, FRANK T  
 STREET ADDRESS PMB #118, 380 S. STATE ROAD 434  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32174-3866

TITLE *SECRETARY/TREASURER* ☐ Delete  
 NAME THEODORE CANTRELL  
 STREET ADDRESS 3838 BAY CREEK CIRCLE ROAD  
 CITY-ST-ZIP LOGANVILLE, GA 30052

TITLE */* ☐ Delete  
 NAME */*  
 STREET ADDRESS */*  
 CITY-ST-ZIP */*

TITLE */* ☐ Delete  
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TITLE */* ☐ Delete  
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 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  
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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:

*Frank Cantrell, President* *9-10-2000*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)