

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085768

1. Entity Name

ANTILLES EMERGENCY GROUP, P.A.

Principal Place of Business

PMB #118, 380 S. STATE ROAD 434
SUITE 1004
ALTAMONTE SPRINGS FL 32174-3868

Mailing Address

PMB #118, 380 S. STATE ROAD 434
SUITE 1004
ALTAMONTE SPRINGS FL 32174-3868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3623643

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTRELL, FRANK T
PMB #118, 380 S. STATE ROAD 434
SUITE 1004
ALTAMONTE SPRINGS FL 32174-3868

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 (if applicable) (NOTE: Registered Agent's signature required when re-certifying)

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, 2001 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
NAME
STREET ADDRESS
CITY-STATE-ZIP

OP
CANTRELL, FRANK T
PMB #118, 380 S. STATE ROAD 434
ALTAMONTE SPRINGS FL 32174-3868

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Mem
Cantrell, Daughn E
PMB #118 380 S SR 434
Altamonte Springs FL 32174-3868
Cantrell, Frankie L
3838 Bay Creek Church RD
Loganville, GA 30052

☐ Change ☐ Addition
X X

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

ST
CANTRELL, THEODORE
3838 BAY CREEK CHURCH ROAD
LOGANVILLE GA 30052

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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Cantrell, Daughn E
PMB #118 380 S SR 434
Altamonte Springs FL 32174-3868
Cantrell, Frankie L
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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 affidavit, with all other like empowered.

SIGNATURE:

F. T. Cantrell

Apr. 26, 2001

770-554-0426

SIGNATURE AND TYPE IN PRINT OF REGISTERED OFFICER OR DIRECTOR

Date

Check no. Phone #

FILED
Aug 09, 2001 8:00 am
Secretary of State

06-26-2001 90008 009 ***158.75



DO NOT WRITE IN THIS SPACE

CR2004 (10/00)