

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90385 001 \*\*\*400.00  
 07-09-2002 90385 002 \*\*\*150.00

**DOCUMENT # S30805**

1. Entity Name  
**AMERICAN MEDICAL TRANSPORTERS, INC.**

Principal Place of Business

10830 CANAL ST  
 UNIT F  
 LARGO FL 33777  
 US

Mailing Address

10830 CANAL ST  
 UNIT F  
 LARGO FL 33777  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
*Same*

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2938710**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAKE, THERESA MARIE**  
**11633 92ND WAY N**  
**LARGO FL 33773**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* 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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DRAKE, THERESA MARIE</b>	
STREET ADDRESS	<b>11633 92ND WAY N</b>	
CITY-ST-ZIP	<b>LARGO FL 34643</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WESTER, ANGELINA</b>	
STREET ADDRESS	<b>11633 92ND WAY N</b>	
CITY-ST-ZIP	<b>LARGO FL.33773</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1 2002 727-541-5981  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

S30805

# American Medical Transporters

10830 Canal Street, Suite F, Largo, FL 34647  
(727) 541-5981 Fax (727) 541-5874 1-800-522-4313



Bio-Medical Services & Supplies. Crime Scene Clean-Ups. Automotive Clean-Ups

OUR FAX NO: (727) 541-5874

IMPORTANT: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE  
INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY  
CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND

EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader  
of this message is not the intended recipient, or the  
employee or agent responsible for delivering the message to  
the intended recipient, you are hereby notified that any  
distribution, or copy of this communication is strictly  
prohibited. If you have received this communication in  
error, please notify us immediately by telephone, and return  
the original message to us at the above address VIA the  
United States Postage Service. Thank You.

Date July 3 2002  
To: The Dept of Corp  
From: Thomas Mann  
Re: \_\_\_\_\_

Number of pages including cover \_\_\_\_\_

Additional comments:

My accountant believes this was paid  
within the year. To avoid further  
charges as she reviews my account.  
Not enclosed check we are a very  
small company owe no taxes only  
2 full time employees 1 part time  
we always paid on time. Is there  
a way to appeal this EXTREMELY high  
fine. If not paid in Jan. had we received

Attachment

530805

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United States Postage Service. Thank You.

Date \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Re: \_\_\_\_\_

Number of pages including cover \_\_\_\_\_

Additional comments:

*another notice it certainly would  
have been enclosed is the 2193 for  
\$150<sup>00</sup> original fee and another check  
for \$400<sup>00</sup> which again I think is  
extreme for such a small company  
please consider this request for  
appeal.*

*Thank you  
Shirley M. De*

Attachment S36805

Please consider  
reduced for  
bank for  
Thimmaiah

No Change  
of information