

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90095 013 \*\*\*150.00

**DOCUMENT # K93075**

1. Entity Name  
**THOMAS TRANSCRIPTION SERVICE, INC.**

*P*

Principal Place of Business 550 BALMORAL CIRCLE STE 305 JACKSONVILLE FL 32218 US	Mailing Address P O BOX 26613 P.O. BOX 26613 JACKSONVILLE FL 32226 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2953708**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**THOMAS, N. DIANE**  
**2538 GAYLAND ROAD**  
**JACKSONVILLE FL 32218**

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 *N. Diane Thomas*  
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 (See Note)**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DPS THOMAS, N. DIANE 2538 GAYLAND ROAD JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, N. DIANE 2538 GAYLAND ROAD JACKSONVILLE FL <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *N. Diane Thomas* **RED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **8-07-00** (904) 751-5058  
Date Daytime Phone #

*N. Diane Thomas*

CR2E034 (5/00)

Attachment  
of 8/30/00  
DW 10/23

# Thomas Transcription Services, Inc.

August 8, 2000

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: FIN 59-295-3708

Dear Sir or Madam:

As per telecon on yesterday, the corporate fees for Thomas Transcription Services, Inc., were sent in on April 11, 2000. Unfortunately, this was sent to you with an incomplete form and you then returned it to us, according to your staff on April 12, 2000. As per telecon yesterday, this return was lost. We are therefore requesting you accept the remittance of \$150.00 without late fees. Thank you for your consideration in this matter.

Sincerely,



N. Diane Thomas, President

/ndt

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