

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 169715  
 Entity Name  
**ACCU-SCRIBE, INC.**

## FILED

00 APR 27 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**4221 King Richard Drive**  
**Sarasota, Florida 34232**

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number  
**65-0191369**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
~~Lavona Farr  
 4221 King Richard Drive  
 Sarasota, Florida 34232~~

7. Name and Address of New Registered Agent  
 Name **Stanley A. Goldsmith,**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1605 Main Street, Suite 1001**  
 City **Sarasota**      State **FL**      Zip Code **34236**

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE  
*Stanley A. Goldsmith*      **4/26/00**

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, 2000 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

OFFICERS AND DIRECTORS	
D P <input type="checkbox"/> Delete Lavona Wood Farr 4221 King Richard Drive Sarasota, Florida 34232	DV <input checked="" type="checkbox"/> Delete Maria Dull 6939 W. Country Club Dr. N. #255 Sarasota, Florida
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	<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 <b>800003264458--</b> <b>-05/24/00--01003--016</b> <b>****150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V Nancy Marian</b> <b>2932 Sequoia Lane</b> <b>Sarasota, Florida</b>
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 <b>LS</b>

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: *Lavona Wood Farr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

(941) 955-4990  
Ex. Time Phone #

CR2E034 (9/99)