

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 027 ***150.00

DOCUMENT # P01000102629

1. Entity Name
~~OPTIMUS REPORTING INC.~~ ACCU-SCRIPT REPORTING, INC.
NC (AM)

Principal Place of Business Mailing Address
 1362 CHESAPEAKE DRIVE 1362 CHESAPEAKE DRIVE
 ODESA FL 33556 ODESA FL 33556

2. Principal Place of Business 3. Mailing Address
 38008 LIVE OAK P.O. BOX 1794

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 8

City & State City & State
 Dade City FL Dade City FL

Zip Country Zip Country
 33523 Pasco 33526 Pasco

4. FEI Number Applied For
 59-3750707 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TYTE, SIETSKA C.
 9470 JAVA ROAD
 WEBSTER FL 33597

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYTE, SIETSKA C	NAME	
STREET ADDRESS	9470 JAVA ROAD	STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL 33597	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, LYNNE	NAME	D DENNIS, LYNNE
STREET ADDRESS	1362 CHESAPEAKE DRIVE	STREET ADDRESS	11880 SE 196th ST
CITY-ST-ZIP	ODESA FL 33556 <i>Dunnellon FL 34431</i>	CITY-ST-ZIP	Dunnellon FL 34431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lynne D. Dennis* LYNNE D. DENNIS 4/15/02 352-567-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DATE

CR2E034 (9/01)