2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90062 008 ***150.00

DOCUMENT # P98000041486

1. Entity Name

RECORD TRANSCRIPTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433	7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 Corey Avenue	400 Corey Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: St. Petersburg Fl	City & State: St. Petersburg Fl
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. FEI Number 65-0853266 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent.

GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name: Deborah Wicklaus, Esq.
Street Address (P.O. Box Number is Not Acceptable): Nicklaus & Nicklaus
400 Corey Avenue Suite 200
City: St. Petersburg Beach FL Zip Code: 33706

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: Deborah L. Nicklaus, Attorney 4/17/00
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 $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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST TUCKER, DAVID W 2829 AGRICOLA STREET HALIFAX, NOVA SCOTIA B3K -4E5	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DAVID W. TUCKER 2829 Agricola street Halifax NS B3K 4E5	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/PRESIDENT DAVID M. SULLIVAN 2829 AGRICOLA STREET HALIFAX NS B3K 4E5	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/SECRETARY Richard D. Ratuse 1600-5151 GEORGE STREET Halifax NS B3J 1M5	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Richard RaTuse April 14/00 (902)492-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIR/Secretary Date Daytime Phone #