FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90420 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041486

1. Entity Name
Record Transcripts [redacted], Inc
N/C LW

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business	3. Mailing Address
501 E. Kennedy Blvd	501 E.Kennedy Blvd
Suite, Apt. #, etc.: 1225	Suite, Apt. #, etc.: 1225
City & State: Tampa	City & State: Tampa
Zip: 33602 Country: USA	Zip: 33602 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: John G. Tomasi

Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd Suite 1225

City: Tampa FL Zip Code: 33602

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: John G. Tomasi — Vice President — 4/8/2002
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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D
NAME	David W. Tucker
STREET ADDRESS	2829 Agricola St.
CITY-ST-ZIP	Halifax, Nova Scotia B3K-4E5
TITLE	DP
NAME	David M. Sullivan
STREET ADDRESS	6376 Berlin St.
CITY-ST-ZIP	Halifax, Nova Scotia B3K-4E5
TITLE	D
NAME	Richard N. Rafuse
STREET ADDRESS	1600-5151 George St.
CITY-ST-ZIP	Halifax, Nova Scotia B3J-2N9
TITLE	V
NAME	John G. Tomasi
STREET ADDRESS	5510 Lindburg St.
CITY-ST-ZIP	Riverview, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John G. Tomasi — John G. Tomasi — 4/8/2002 — (813) 276-8676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #