2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555376

1. Entity Name

SCLAFANI WILLIAMS COURT REPORTERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90129 005 ***150.00

Principal Place of Business	Mailing Address
402 SOUTH KENTUCKY AVENUE P.O. BOX 24510 LAKELAND FL 33801	402 SOUTH KENTUCKY AVENUE P.O. BOX 24510 LAKELAND FL 33801-5367

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 390		Suite, Apt. #, etc. SUITE 390	
City & State		City & State	
Zip	Country USA	Zip	Country USA

4. FEI Number 59-1775661 ☐ Applied For ☐ 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
HUMPHRIES, J. BOB ESQ. 501 EAST KENNEDY BLVD. 17TH FLOOR TAMPA FL 33602	Name W. DONALD COX, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD. 17TH FLOOR 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 [signature] 4/20/00
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	DPT WILLIAMS,FREIDA SCLAFANI 402 SOUTH KENTUCKY AVE. LAKELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 402 SOUTH KENTUCKY AVE. STE 390 LAKELAND, FL 33801-5367
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCLAFANI,ROSIE 101 E KENNEDY BLVD 1970 TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 402 S. KENTUCKY AVE., STE 390 LAKELAND, FL 33801-5367
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
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: Freida S. Williams 4-19-00 863-688-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #