

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L44415

1. Entity Name

ACTION COURT REPORTERS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90239 031 ***150.00

Principal Place of Business 200 S INDIAN RIVER DR STE 310 FT. PIERCE FL 34950 US	Mailing Address 200 S INDIAN RIVER DR STE 310 FT PIERCE FL 34950-1504 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 512 S. Second St. Suite, Apt. #, etc.	3. Mailing Address 512 S Second St. Suite, Apt. #, etc.
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City & State Fort Pierce Zip 34950	Country USA	City & State Fort Pierce Zip 34950	Country USA
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4. FEI Number 59-2997228	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JONES, MATTHEW L.
 759 S FEDERAL HWY
 STE 212
 STUART FL 34994

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAEFFER, VICKIE 200 S INDIAN RIVER DR, STE 310 FT PIERCE FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & VICKIE STRAEFFER 512 S Second St Fort Pierce, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: Vickie J. Straeffler VICKIE J. STRAEFFER 4/27/00 464-6633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)