

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000007807**

1. Entity Name

LIGHTHOUSE TRANSCRIPTION, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90151 030 ***158.75

907144

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9845 CITADEL LANE. #105 BONITA SPRINGS FL 34135		Mailing Address 9845 CITADEL LANE. #105 BONITA SPRINGS FL 34135	
2. Principal Place of Business		3. Mailing Address P.O. Box 61	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bonita Springs, FL	
Zip	Country	Zip	Country
34133	United States	65-0972185	4. FEI Number
6. Name and Address of Current Registered Agent ELKINS, SARAH 9845 CITADEL LANE, #105 BONITA SPRINGS FL 34135		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKINS, SARAH 9845 CITADEL LANE, #105 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah Elkins Sarah Elkins

Date

1/17/01

Daytime Phone #

941-4952370

CR2E034 (10/00)