

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90001 012 ***150.00

DOCUMENT # P00000021258

1. Entity Name
SHAW MEDICAL TRANSCRIPTION, INC.

Principal Place of Business

Mailing Address

~~6520 TAFT ST.~~
~~# 151~~
~~HOLLYWOOD FL 33024~~

~~6520 TAFT ST.~~
~~# 151~~
~~HOLLYWOOD FL 33024~~

2. Principal Place of Business

3. Mailing Address

2240 Johnson St.
 Suite, Apt. #, etc.
#108

2240 Johnson St.
 Suite, Apt. #, etc.
#108

City & State
Hollywood FL

City & State
Hollywood, FL

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEI Number
65-0986363

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

SHAW, SANDRA

~~6520 TAFT ST.~~

~~# 151~~

~~HOLLYWOOD FL 33024~~

2240 Johnson St. #108
Hollywood, FL 33020

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 *Sandra Shaw*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SHAW, SANDRA	
STREET ADDRESS	6520 TAFT ST. # 151	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2240 Johnson St. #108
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sandra Shaw **Sandra Shaw**

Date

Daytime Phone #

1-30-02 (954) 9201249

CR2E034 (9/01)