

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90057 034 \*\*\*150.00

**DOCUMENT # P00000025770**

**1. Entity Name**  
**TRANSCRIPTIONALLY YOURS, INC.**

**Principal Place of Business**  
**1090 SW 34TH STREET**  
**PALM CITY FL 34990**

**Mailing Address**  
**1090 SW 34TH STREET**  
**PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1107 SW Thoreau Ct.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Palm City FL**  
**Zip**  
**34990**  
**Country**  
**U.S.**

**City & State**  
**Zip**  
**Country**

**4. FEI Number**  
**65-0990734**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BAKER, TAMMY**  
**1090 SW 34TH STREET**  
**PALM CITY FL 34990**

**7. Name and Address of New Registered Agent**

**Name**  
**Baker Tammy**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1107 SW Thoreau Ct**  
**City**  
**Palm City**  
**FL**  
**Zip Code**  
**34990**

**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** *Tammy Baker* **DATE** *3/20/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**BAKER, TAMMY** ☐ Delete  
**1090 SOUTHWEST 34TH STREET**  
**PALM CITY FL 34990**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V**  
**BEKER, GLENN** ☐ Delete  
**1090 SOUTHWEST 34TH STREET**  
**PALM CITY FL 34990**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P**  
**BAKER TAMMY** ☐ Change ☐ Addition  
**1107 SW Thoreau Ct**  
**Palm City FL 34990**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V**  
**BAKER GLENN** ☐ Change ☐ Addition  
**1107 S'W Thoreau Ct.**  
**Palm City, FL 34990**

**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:** *Tammy Baker* **DATE** *3/20/02* **Daytime Phone #** *561 286 7688*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)