

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111557

1. Entity Name

STENO REPORTING, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-15-2001 90014 041 ***150.00

Principal Place of Business Mailing Address
1801 S. FEDERAL HWY., SUITE 219 1801 S. FEDERAL HWY., SUITE 219
DELRAY BCH FL 33483 DELRAY BCH FL 33483

2. Principal Place of Business 3. Mailing Address
4231 Tazewell CT. C/O W. J. Tremblay RA.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1801 S. FEDERAL HWY., SUITE 219

City & State City & State
W. PALM BEACH, FL. DELRAY BEACH, FL.
Zip Country Zip Country
33409 US 33483 US

4. FEI Number Applied For
65-1065275 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
TREMBLAY, W.J. Name
1801 S. FEDERAL HWY., SUITE 219 Street Address (P.O. Box Number is Not Acceptable)
DELRAY BCH FL 33483
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 _____
Signature, typed or printed name of registered agent and site if applicable.

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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	D P S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYVID, BARRY W		NAME		
STREET ADDRESS	4231 TAZEWEILL CT.		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH FL 33409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Barry W. Rayvid 2/18/01 561-243-6355
Signature and typed or printed name of signing officer or director Date Daytime Phone #