FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

02 OCT 30 PM 4: 48 **DOCUMENT # P01000018827** 1. Entity Name SECRETARY OF STATE P B & J Transcription, Inc. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 290 W.Palmetto Park Rd 290 W.Palmetto Park Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #206 #206 City & State City & State 4. FEI Number Applied For Boca Raton, FLBoca Raton, 65-1082542 Not Applicable Zip Country Country 33432 \$8.75 Additional 5. Certificate of Status Desired USA -33432. USA -Fee Required 7. Name and Address of Current Registered Agent Daniel G. Gass DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
10001 N.W. 50 Street IN THIS SPACE #204 Zip Code Sunrise 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, hith size Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150,00 After May 1 Fee is \$550.00 Amended UBR is \$61,25 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE Director MLE NAME Penni Buiani NAME STREET ADDRESS STREET ADDRESS 290 W.Palmetto Park Rd. #206 CITY-57-71P CITY-ST-ZIP Boca Raton, FL 33432 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE me NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE mu" 🚎 NAME NAME STREET ADDRESS 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)(f). 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 attachment with an address, with all other like empowered.

ten r

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

Penni Buiani, Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED

10001 N.W. 50th Street Suite 204 Sunrise, FL 33351

(954) 746-0156 Fax: (954) 746-7690

October 24, 2002

Division of Corporations Florida Dept. of State P.O. Box 6327 Tallahassee, FL 32314

Re: PB & J Transcription, Inc.

EIN: 65-1082542

Dear Sir or Madam:

Please be advised that we represent the above referenced client. Upon review of our records, we found that our client never received his Uniform Business Report. Upon learning of this, our client called your office and was told to submit a Report with a \$150.00 fee and a letter requesting a one-time exemption of waiver for the reinstatement fee.

To this end, we enclose the UBR and a check for this amount. We thank you for your attention to this matter and for your indulgence in this case. If you have any questions, or need additional information, please contact us.

Very Truly Yours,

W.B.D. Accounting, Inc.

David B. Lanter, CPA

DBL:tb

Enclosures

cc: Client