

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91011 034 ***150.00

DOCUMENT # P01000018827

1. Entity Name

PB & J TRANSCRIPTION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

290 W. PALMETTO PARK RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL G. GASS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

10001 N.W. 50TH STREET, SUITE 204

City

SUNRISE

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

DP

NAME

PENNI BUIANI

STREET ADDRESS

290 W. PALMETTO PARK RD. #206

CITY-ST-ZIP

BOCA RATON, FL 33432

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

PENNI BUIANI, PRES.

3/27/03

561-338-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)