

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000043942**

1. Entity Name
PRN TRANSCRIPTION SERVICE, INC.



Principal Place of Business
**6885 BRYANT RD.
COCOA FL 32927**

Mailing Address
**6885 BRYANT RD.
COCOA FL 32927**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country** **4. FEI Number** **59-3713713** **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**

**STILES, RONALD F
6885 BRYANT RD.
COCOA FL 32927**

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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution:

10. OFFICERS AND DIRECTORS

TITLE **PTD** Delete
NAME **STILES, RONALD F.**
STREET ADDRESS **6885 BRYANT RD.**
CITY-ST-ZIP **COCOA FL 32927**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
STREET ADDRESS **CITY-ST-ZIP**

TITLE **VSD** Delete
NAME **STILES, SANDRA L**
STREET ADDRESS **6885 BRYANT RD.**
CITY-ST-ZIP **COCOA FL 32927**

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
STREET ADDRESS **CITY-ST-ZIP**

TITLE Delete
NAME **STILES, RONALD F.**
STREET ADDRESS **6885 BRYANT RD.**
CITY-ST-ZIP **COCOA FL 32927**

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
STREET ADDRESS **CITY-ST-ZIP**

TITLE Delete
NAME **STILES, RONALD F.**
STREET ADDRESS **6885 BRYANT RD.**
CITY-ST-ZIP **COCOA FL 32927**

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
STREET ADDRESS **CITY-ST-ZIP**

TITLE Delete
NAME **STILES, RONALD F.**
STREET ADDRESS **6885 BRYANT RD.**
CITY-ST-ZIP **COCOA FL 32927**

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
STREET ADDRESS **CITY-ST-ZIP**

TITLE Delete
NAME **STILES, RONALD F.**
STREET ADDRESS **6885 BRYANT RD.**
CITY-ST-ZIP **COCOA FL 32927**

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
STREET ADDRESS **CITY-ST-ZIP**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald F. Stiles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/03 321-636-7507
Date Daytime Phone #