

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90054 018 ***150.00

DOCUMENT # P02000033063



1. Entity Name
SCHAAF TRANSCRIPTION, INC.

Principal Place of Business
**7218 DARIEN WAY
CLEARWATER FL 33764**

Mailing Address
**% MICHAEL S. VINCENT
2014 DREW ST., SUITE 3
CLEARWATER FL 33765**



2. Principal Place of Business

610 PIONEER LANE

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FLORENCE, CO

City & State

4. FEI Number
03-0417704

Applied For
Not Applicable

Zip
81226

Country

Zip

Country

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

**SPRANGER, CHARLES
15473 DARIEN WAY
CLEARWATER FL 33764**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHAAF, KRISTEN J**
STREET ADDRESS **7218 DARIEN WAY**
CITY-ST-ZIP **CLEARWATER FL 33764**

☒ Change ☐ Addition
NAME
STREET ADDRESS **610 PIONEER LANE**
CITY-ST-ZIP **FLORENCE, CO 81226**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME
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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: **Kristen J. SchAAF** **REQUIRED KRISTEN J. SCHAAF** 03/11/03 719-784-3936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)