

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 047 ***150.00

DOCUMENT # **P02000057008**

1. Entity Name

R & J Transcription Incorporated



DO NOT WRITE IN THIS SPACE

10035404

2. Principal Place of Business

1237 Autumn Breeze Circle Same

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Gulf Breeze FL

City & State

Zip

32563

Country

US

Zip

Country

4. FEI Number

04-3675529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Roxie D. Lavergne

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

1237 Autumn Breeze Circle

City

Gulf Breeze

FL

Zip Code

32563

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 re-stating)

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	Roxie D Lavergne
STREET ADDRESS	1237 Autumn Breeze Circle
CITY-ST-ZIP	Gulf Breeze FL 32563
TITLE	DP
NAME	Rosary Fabian
STREET ADDRESS	1237 Autumn Breeze Circle
CITY-ST-ZIP	Gulf Breeze Circle 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROXIE LAVERGNE

3/3/03

850-916-8884

Daytime Phone #

CR2E034B (12/02)