

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000493

1. Entity Name

SPECIALIZED TYPING SERVICES, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 040 ***150.00

Principal Place of Business

Mailing Address

1515 UNIVERSITY DRIVE
SUITE #114-A
CORAL SPRINGS FL 33071
US

1515 UNIVERSITY DRIVE
SUITE 114-A
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

City & State

4. FEI Number

65-0385116

Applied For

Not Applicable

Zip

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

GERALD M PEPPER & ASSOC PA
1515 UNIVERSITY DR
#114
CORAL SPRINGS FL 33071

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
MALLEN, RAE
1515 UNIVERSITY DR #104
CORAL SPRINGS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MALLEN, RAE
1515 UNIVERSITY DR #114-A
CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1515 University Dr, #104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rae Mallen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

954/

346-0737

Daytime Phone #

CR2E034 (10/00)

0136769