

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90004 009 ***150.00

DOCUMENT # P94000063169

1. Entity Name

RITTER TRANSCRIPTION SERVICE, INC.

Principal Place of Business

158 PHEASANT RUN BLVD.
 WEST PALM BEACH FL 33415

Mailing Address

158 PHEASANT RUN BLVD.
 WEST PALM BEACH FL 33415

2. Principal Place of Business

366 MACY ST

Suite, Apt. #, etc.

3. Mailing Address

366 MACY ST

Suite, Apt. #, etc.

City & State

WPA FL

City & State

WPA FL

Zip

33405

Country

US

Zip

33405

Country

US

4. FEI Number

65-0519768

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

RITTER, CINDY
158 PHEASANT RUN BLVD.
WEST PALM BEACH FL 33415

Name

Cindy Ritter

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

366 MACY ST

City

WPA

FL

Zip Code

33405

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 **Cindy Ritter**

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

(NOTE: Registered Agent signature required when reinstating)

1/18/01

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 **DP** ☐ Delete
 NAME **CINDY RITTER**
 STREET ADDRESS **158 PHEASANT RUN BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D/P** ☒ Change ☐ Addition
 NAME **Cindy Ritter**
 STREET ADDRESS **366 MACY ST**
 CITY-ST-ZIP **WPA FL 33405**

TITLE **TV** ☐ Delete
 NAME **RITTER, DANIEL**
 STREET ADDRESS **158 PHEASANT RUN BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **TV** ☒ Change ☐ Addition
 NAME **Daniel Ritter**
 STREET ADDRESS **366 MACY ST**
 CITY-ST-ZIP **WPA FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Cindy Ritter**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

1/18/01

Daytime Phone #

CR2E034 (10/00)