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

DOCUMENT # 795 000021049

1. Entity Name

ON-Line Court Reporting, Inc.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90943 019 ***150.00

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2. Principal Place of Business	3. Mailing Address
N7.B. \ 12	500 Privateer Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

English St. 2					At J A. A . C. Acon							
	ace of Business	3. Mailing Address 500 (Vatee)	- 04.									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>			DO NOT WRITE IN THIS SPACE						
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N.P.B.	Provida	N.P.B. State Dor	ida			Number -0564 545			Applied For Not Applicable			
33403	S Country A	3340 8	Coun	iry M	5 . Ce	ertificate of Status Desired		8.75 e Requ	Additional uired			
					7. Narr	e and Address of Current Re	gistered A	gent				
	BA MATA	DITT		Name VICKI Stantold								
	DO NOT W	KIJE		Street Address (I) Psy Nucleanie Not Acpaptable)								
2.	IN THIS SP	ACE			11.14							
n.				City N.D.	B.		FL	Zip C	අර්ථ			
	named entity submits this statement for	the purpose of changing it	s registere	ed office or regis	stered ager	nt, or both, in the State of Florid	a. I am fam	iliar wit	h, and accept			
the obligati	ons of registeres agent.	And I		_		_	. // _	_				
SIGNATURE _	War ham			tanford		APU	15,	28	<u> 200</u>			
	Signature, Moed or printed name of registered agent al tuary 1 - May 1 Fee is \$150.00	d title il applicable. (NO	IE: Registered	d Agent signature requ	uired when reins	stating)	DATE					
	After May 1, Fee is \$550.00 Amended UBR is \$61.25					 Election Campaign Finance Trust Fund Contribution. 	ing 🖂		i.00 May Be			
Make Check	Payable to Florida Department of					must runa Continuution.		Aui	ded to rees			
10.	OFFICERS AND C	DIRECTORS	響。	Potebolitore il viste di il income			ratuā adamer, gali otalija terasi ili		arlamana (a. 1871). Care a de la care a			
TITLE NAME	Owner president		TITLE	all or the second second			解析的 例如:概如不定》					
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CITY-ST-ZIP			LULY-	ST-ZIP	1 美工工工	20个国际人。[2][2][2][2][2][2][2][2][2][2][2][2][2][(新年版) 1986年 - 1987		magnetic to the second			

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 repelyer or pusted appropriate 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

SIGNATURE: