

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90188 020 \*\*\*150.00

**DOCUMENT # P95000035037**

**1. Entity Name**  
**I.M. TRANSCRIPTIONS, INC.**

<b>Principal Place of Business</b> 256 SW DALTON CIR PORT ST LUCIE FL 34953 US	<b>Mailing Address</b> 2565 S W DALTON CIR PT ST LUCIE FL 34953 US
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DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0584630**

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**

**MARTIN, LYNNE**  
**256 SW DALTON CIRLCE**  
**PORT ST LUCIE FL 34953**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ~~\$36.00~~ 150.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>D</b> <b>MARTIN, LYNNE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>256 SW DALTON CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34953</b>	CITY-ST-ZIP	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Lynne Martin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/02

Date Daytime Phone #

CR2E034 (4/02)

Attachment

BOI 29030

# P95 00035037

July 8, 2002

To Whom It May Concern:

RE: FEI Number 65-0584630  
I.M. Transcriptions, Inc.

This in reference to the 2002 Uniform Business Report payment that you did not receive. Two days ago I received your notice regarding my nonpayment, this is the first notice that I have received. The corporation did not receive a prior notice for the payment, so I am requesting that the late fee be waived. Every year I send the payment immediately upon receipt of the notice, please check my past payment records to verify this.

I am sending a check for \$150.00, in hopes that this will rectify the matter.

Thank you so much for your help in this matter.

Sincerely,

*Lynne Martin*

Lynne Martin, President