

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90035 021 ***150.00

DOCUMENT # **P95000035037**

1. Entity Name
I.M. Transcriptions, Inc;



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
256 S.W. Dalton Cir
Suite, Apt. #, etc.

3. Mailing Address
256 S.W. Dalton Cir
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie, FL 34953

City & State
Port St. Lucie, FL

Zip
34953 Country
ST Lucie

Zip
34953 Country
St. Lucie

4. FEI Number
65-0584630

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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)

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 NAME STREET ADDRESS CITY - ST - ZIP	D Lynne Martin, Lynne 256 S.W. Dalton Circle Port. ST. Lucie, FL 34953
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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: **Lynne D. Martin, Lynne D. Martin** **2/27/2003** **872-878-4355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)