

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90068 026 ***150.00

DOCUMENT # P95000074781

1. Entity Name
AKERLEY COURT REPORTING, INC.



Principal Place of Business

~~1639 HENDRY STREET~~
FT MYERS FL 33901

Mailing Address

~~1639 HENDRY STREET~~
FT MYERS FL 33901

2. Principal Place of Business

2275 Main St.
Suite, Apt. #, etc.

3. Mailing Address

18658 Baseleg Ave.
Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

N. Fort Myers, FL

Zip

33901

Country

USA

Zip

33917

Country

USA

4. FEI Number

65-0613408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AKERLEY, SHERYL

~~1639 HENDRY STREET~~
FT MYERS FL 33901

18658 Baseleg Ave.
N. Fort Myers, FL
33917

7. Name and Address of New 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **AKERLEY, SHERYL L**
STREET ADDRESS **18658 BASELEG AVE**
CITY-ST-ZIP **NO FT MYERS FL 33917**

TITLE **D** ☐ Delete
NAME **CAMPBELL, JOSEPH F**
STREET ADDRESS **18658 BASELEG AVE**
CITY-ST-ZIP **NO FT MYERS FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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

SIGNATURE:

Sheryl L. Akерley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

(239)334-7766
Daytime Phone #

CR2E034 (10/02)