**FILED** 

## 2003 FOR PROFIT CORPORATION

## Sep 08, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT** P96000051144 DOCUMENT # 09-08-2003 90135 020 \*\*\*150.00 1. Entity Name R & R COURT REPORTING, INC. Principal Place of Business Mailing Address C/O MILLER & HOLLANDER C/O MILLER & HOLLANDER 2430 SHADOWLAWN DRIVE #18 2430 SHADOWLAWN DRIVE #18 NAPLES FL 33962 NAPLES FL 33962 3. Mailing Address Principal Place of Business aut Reporting ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0676692 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired O۷ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 laples 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. FRE WOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/03) TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIEKS, LAURIE NAME NAME 600 NOTTINGHAM DR STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE RHODES, DEBRA NAME NAME 600 NOTTINGHAM DR STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT1 F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATTACHMENT # P96 00005444 80144881

DIVISION OF CORPORATIONS
P.O BOX 6327
TALLAHASSEE, FL 32314

September 4, 2003

Dear Sirs:

I am writing to inform you that this notice was the first notice I received for this Uniform Busiess Report. Our registered agent hand delivered it to me in August. I'm requesting that the late fee be waived and the proper boxes have been filed out to change the registered agent.

Any consideration you could give to this request will be appreciated.

Thank you.

Laurie Rieks