CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000060276** 1. Entity Name

RVA TRANSCRIPTION, INC.

Principal Place of Business 6577 SUPERIOR AVE

SARASOTA FL 34231

SIGNATURE

Mailing Address

6577 SUPERIOR AVE SARASOTA FL 34231

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 11, 2001 8:00 am Secretary of State

01-11-2001 90049 001 ***150.00

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DO NOT WRITE IN THIS SPACE

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City & State		City & State			4. FEI Number 65-0684416 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
ASKINS, ROLAND V JR 6577 SUPERIOR AVE SARASOTA FL 34231				Name Street Add	ress (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
3. The above nar	med entity submits this statem	ent for the purpose of changing	ng its registe	red office or re	gistered agent, or both, in the State of Florida.	

Signature, typed or printed name of registered agent and title if applicable 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 \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME ASKINS, ROLAND V NAME STREET ADDRESS STREET ADDRESS 6577 SUPERIOR AVE. CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34231 Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #