## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # **P96000069155** KEYSTROKES TRANSCRIPTION SERVICES, INC. 05-05-2000 90015 015 \*\*\*150.00 Mailing Address Principal Place of Business 2008 NW 38TH TERRACE 2008 NW 38TH TERRACE LAUDERDALE LAKES FL 33311-3121 LAUDERDALE LAKES FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0837709 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired bos Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PITTER, CARL S Street Address (P.O. Box Number is Not Acceptable) 7380 WEST ATLANTIC BLVD. MARGATE FL 33063 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!\_EEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** TITLE Change ☐ Addition Delete TITLE TERRELONGE, BEVERLEY NAME NAME STREET ADDRESS STREET ADDRESS 2008 NW 38TH TERRACE CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Change ☐ Addition TITLE ☐ Delete TITLE TERRELONGE, GLEN NAME 2008 NW 38TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE' Delete --fiftE -- Change - --- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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. If 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: BOUGLEY TORIGION POR BEUTRILLY TERRELONGE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

688-6288