

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90034 035 \*\*\*150.00

**DOCUMENT # P97000043304**

**1. Entity Name**  
**TRANSCRIPTION & DATA SERVICES, INC.**



**Principal Place of Business**  
**6289 W SUNRISE BLVD**  
**SUITE 205**  
**SUNRISE FL 33313**

**Mailing Address**  
**874 AURELIA ST.**  
**BOCA RATON FL 33486**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0751375**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WALIA, ANIL**  
**874 AURELIA ST.**  
**BOCA RATON FL 33486**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **WALIA, ANIL**  
**STREET ADDRESS** **874 AURELIA ST.**  
**CITY-ST-ZIP** **BOCA RATON FL 33486**

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

**TITLE** **D** ☐ Delete  
**NAME** **PATEL, NAREN**  
**STREET ADDRESS** **874 AURELIA ST.**  
**CITY-ST-ZIP** **BOCA RATON FL 33486**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ANIL WALIA 7/7/03**

CR2E034 (4/03)

Attachment

9014/014

#P97000043304

**Transcription & Data services, Inc.**  
**6289 W. Sunrise Blvd • Sunrise, FL 33313**  
**Voice : 954 321 5666 • Fax : 954 321 5544 • tdsius@covad.net**

July 7, 2003

To : The office of the Secretary of State of Florida

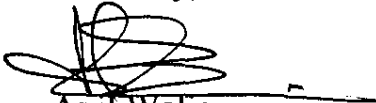
Gentlepersons :

Please be advised that we received a Uniform Business Report Form on July 5, 2003 for filing our 2003 Annual Report. Prior to this we did not receive a set of Documents to file an Annual report / Uniform Business report for this year.

Under the circumstances, I request that the \$ 400.00 Penalty be waived. Accordingly, I am enclosing the normal Filing fee of \$ 150,00.

Thank you for your consideration.

Sincerely,

  
Anil Walia  
Director