

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90042 037 ***158.75

DOCUMENT # P97000053498
1. Entity Name
PERSONAL TOUCH COURT REPORTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
2254 BELLA VISTA WAY
City & State
PORT ST. LUCIE, FL
Zip
34952
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
2254 BELLA VISTA WAY
City & State
PORT ST. LUCIE, FL
Zip
34952
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0764218
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
CYNTHIA SCIORRA
Street Address (P.O. Box Number is Not Acceptable)
2254 BELLA VISTA WAY
City
PORT ST. LUCIE, FL
Zip Code
34952

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYNTHIA SCIORRA 2254 BELLA VISTA WAY PORT ST. LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Sciorra CYNTHIA SCIORRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03 (772) 336-9906
Date Daytime Phone #

CR2E034B (12/01)