

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000036259**

1. Entity Name

ASSOCIATED TRANSCRIPTIONISTS, INC.**FILED****Mar 08, 2000 8:00 am**
Secretary of State

03-08-2000 90026 027 ***150.00

Principal Place of Business

426 NORTHLAKE DRIVE
NORTH PALM BEACH FL 33408

Mailing Address

426 NORTHLAKE DRIVE
NORTH PALM BEACH FL 33408-5122

2. Principal Place of Business

15684 87TH TRAIL NO.
Suite, Apt. #, etc.

3. Mailing Address

15684 87TH TRAIL NO.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bch Gardens, FL
Zip Country**33418**

Country

City & State

Palm Bch Gardens, FL
Zip Country**33418**

Country

4. FEI Number

65-0782771

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, JACQUELYN J
426 NORTHLAKE DRIVE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

15684 87TH TRAIL NO**Palm Bch Gardens FL** Zip Code **33418**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DAVIS, JACQUELYN J**
STREET ADDRESS **426 NORTHLAKE DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)