

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90026 027 \*\*\*150.00

**DOCUMENT # P98000036259**

1. Entity Name

**ASSOCIATED TRANSCRIPTIONISTS, INC.**

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 87<sup>TH</sup> TRAIL No.**  
 Suite, Apt. #, etc.

3. Mailing Address

**15684 87<sup>TH</sup> TRAIL No.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

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

City & State

**Palm Bch Gardens, FL**  
 Zip **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 87<sup>TH</sup> TRAIL No**

**Palm Bch Gardens FL 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 *Jacqueline M. Keenan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jacqueline M. Keenan 3/6/00*

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 State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, JACQUELYN J</b>	
STREET ADDRESS	<b>426 NORTHLAKE DRIVE</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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: *Jacquelyn Davis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/2000*  
 DATE

Daytime Phone #

CR2E034 (9/99)