

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 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 33418 Country

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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 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

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

Jacqueline M. Keenan 3/6/00
 (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 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	<input type="checkbox"/> Delete
D	DAVIS, JACQUELYN J	426 NORTHLAKE DRIVE	NORTH PALM BEACH FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

1/11/2000

Daytime Phone #

CR2E034 (9/99)