

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90181 005 ***150.00

DOCUMENT # P99000003022

1. Entity Name
WOLFORD TRANSCRIPTION, INC.



Principal Place of Business
**1025 10TH LANE
LAKE WORTH FL 33463**

Mailing Address
**1025 10TH LANE
LAKE WORTH FL 33463**



2. Principal Place of Business
102 N. Lakeside DR 3

3. Mailing Address
102 N. Lakeside DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

☐ CHECK HERE IF MAKING CHANGES

City & State
Lake Worth, FL

City & State
Lake Worth FL

4. FEI Number **65-0884526**

Applied For
Not Applicable

Zip **33460** Country **WEST Palm Bch**

Zip **33460** Country **WPB**

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

6. Name and Address of Current Registered Agent

**WOLFORD, MICHELE L
1025 10TH LANE
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name **WOLFORD, MICHELE L**
Street Address (P.O. Box Number is Not Acceptable)
102 N. Lakeside DR #3
City **Lake Worth** FL Zip Code **33460**

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 *Michele Wolford* **President** **4-15-03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **PD** ☐ Delete
NAME **WOLFORD, MICHELE L**
STREET ADDRESS **1025 10TH LANE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **WOLFORD, MICHELE L**
STREET ADDRESS **102 N. Lakeside DR #3**
CITY-ST-ZIP **Lake Worth, FL 33460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Michele Wolford* **President** **4-15-03** **561-964-8827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)