

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035348

1. Entity Name

POWELL TRANSCRIPTS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90209 049 ***150.00

Principal Place of Business

Mailing Address

3655 BRIDGEWOOD DR.
 JACKSONVILLE FL 32277

3655 BRIDGEWOOD DR.
 JACKSONVILLE FL 32277-8921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

059-3570981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, PATRICIA R
 3655 BRIDGEWOOD DR.
 JACKSONVILLE FL 32277

Name

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

City

FL

Zip Code

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary / Treasurer	<input type="checkbox"/> Delete
NAME	Michelle Corse	
STREET ADDRESS	2740 San Fernando Rd	
CITY-ST-ZIP	Jacksonville FL 32217	
TITLE	President	<input type="checkbox"/> Delete
NAME	PATRICIA R. Powell	
STREET ADDRESS	3655 Bridgewood Dr.	
CITY-ST-ZIP	Jacksonville FL 32277	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	ROBERT POWELL	
STREET ADDRESS	1003 Nightingale Rd.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

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

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:

Patricia R. Powell **Patricia R. Powell** 4-26-00 904-744-7372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)