

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90176 038 ***150.00

DOCUMENT # P99000036042

1. Entity Name
MILDRED CAMPBELL TRANSCRIPTIONS, INC.



Principal Place of Business
**4650 40TH AVENUE NORTH
SAINT PETERSBURG FL 33714**

Mailing Address
**4650 40TH AVENUE NORTH
SAINT PETERSBURG FL 33714**



2. Principal Place of Business
4650 40th Ave N
Suite, Apt. #, etc.

3. Mailing Address
4650 40th Ave N
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg FL
Zip
33714
Country
PineHills

City & State
St. Petersburg, FL
Zip
33714
Country
PineHills

4. FEI Number **59-3572280**

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

**CAMPBELL, MILDRED
4650 40TH AVENUE NORTH
SAINT PETERSBURG FL 33714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D CAMPBELL, MILDRED
4650 40TH AVENUE NORTH
SAINT PETERSBURG FL 33714

TITLE
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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: **Mildred Campbell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03
Date
(727) 528-7586
Daytime Phone #

CR2E034 (10/02)