

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90161 021 ***150.00

DOCUMENT # P99000045259

1. Entity Name
PEACOCK TRANSCRIPTION SOLUTIONS, INC.

Principal Place of Business
**2155 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

Mailing Address
**8000 BAYMEADOWS CIRCLE EAST
SUITE 78
JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3572942**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADAMS, MICHEALYN C
1125 13TH AVE. NORTH
JACKSONVILLE BEACH FL 32250**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **PEACOCK, JUDITH**
STREET ADDRESS **8000 BAYMEADOWS CIR. E. #78**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **V** ☐ Delete
NAME **PEACOCK, ANTHONY**
STREET ADDRESS **8000 BAYMEADOWS CIRCLE E, STE 78**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Anthony D. Peacock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/02
Date

(904) 306-0866
Daytime Phone #

CR2E034 (4/02)

Attachment

Peacock Transcription Solutions, Inc.
2155 Art Museum Drive
Jacksonville, FL 32207

September 16, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

873032
#P99 0000 45259

To Whom It May Concern:

I am writing to inform you that the previous 2002 UBR filing notice was not received. Therefore, I am requesting that you accept my UBR document without any penalties.

Thanks in advance for your consideration, and I would sincerely appreciate your understanding.

Yours truly,



Anthony D. Peacock
Vice President
Peacock Transcription Solutions, Inc.
FEI No. 59-3572942