

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91877 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000052531

1. Entity Name
**TRANS - SCRIBE PROFESSIONAL SERVICES,
INC.**



Principal Place of Business
**6019 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437**

Mailing Address
**6019 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437**

90128819

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

65-0938835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KATZ, BURT
6019 GOLF VILLAS DR.
BOYNTON BEACH, FL 33437**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KATZ, BURT
6019 GOLF VILLAS DRIVE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KATZ, ANNETTE
6019 GOLF VILLAS DRIVE
BOYNTON BEACH, FL 33437** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Corporate Print #

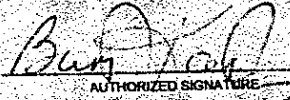
CHREC3A (10/02)

ATTACHMENT

90128819

P99000052531

THIS INSTRUMENT HAS A COLORED BACKGROUND, VOID PANTOGRAPH AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

TRANSCRIBE PROFESSIONAL SERVICES, INC. 6019 Golf Villas Drive Boynton Beach, FL 33437 561-734-3447		UNION PLANTERS BANK 113 N. Congress Avenue Boynton Beach, FL 33426 1-877-848-2265		 2268	
PAY TO THE ORDER OF Florida Department of Treasury		03-641 / 670		Date 4/1/2003	
One Hundred Fifty and 00/100				**150.00	
				DOLLARS	
				 AUTHORIZED SIGNATURE	
memo Uniform Business tax					

