

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

DOCUMENT # P99000075861

1. Entity Name

Civil Trial Reporter, Inc.

**FILED
Apr 24, 2002 8:00 am
Secretary of State**

04-24-2002 90377 003 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
111 N. Baylen Street

3. Mailing Address
111 N. Baylen Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

Escambia

Zip

32501

Country

Escambia

4. FEI Number

59-3597415

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Robert W. Schuster
Street Address (P.O. Box Number is Not Acceptable)
111 N. Baylen Street

City
Pensacola
FL
Zip Code
32501

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

04/10/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Pamela M. Schuster
2387 Reservation Road
Gulf Breeze, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela M. Schuster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02

Date

434-8600 ext 205

Daytime Phone #

CR2E034B (12/01)