2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 02, 2000 8:00 am Secretary of State DOCUMENT # P99000090555 1. Entity Name LSH TRANSCRIBING SERVICE, INC. 08-02-2000 90001 014 ***150.00 Principal Place of Business Mailing Address 433 US 90 WEST 433 US 90 WEST BALDWIN FL 32234 BALDWIN FL 32234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMB, H JUANITA Street Address (P.O. Box Number is Not Acceptable) 433 US 90 WEST BALDWIN FL 32234 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT Delete ☐ Addition TITLE TIT! F H. JUANITH LAMB NAME 433 US GO WEST STREET ADDRESS STREET ADDRESS BALDWIN FL 32234 City-st-zip CITY-ST-ZIP VICE PRESIDENT ☐ Change ☐ Addition TITL F ☐ Delete TITLE SAMANTHA SWEAT NAME NAME 155 RAILROAD AVE. STREET ADDRESS STREET ADDRESS BALDWIN FL 32234 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT/SEC ☐ Change ☐ Addition TITLE ☐ Delete TITLE VILTURIA K. LAMB NAME 7036 SWAMP FLOWER NORTH NAME STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP CITY-ST-7IP VICE PRESIDENT ☐ Addition TITLE ☐ Delete TITLE ☐ Change M. WANDA HU38A2D NAME NAME RT. 2 BOX 350 STREET ADDRESS STREET ADDRESS ST. CEORGE GA 31646 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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To Whom It May Concern:

We are writing this letter as per instruction from a phone call to your office in regard to our second notice for our 2000 Uniform Business Report.

We never received our first notice and we are a newly incorporated company. Therefore we were unaware of the form and did not know to contact your office when we did not receive the first form. We now know that this is a yearly form and in the years to follow we will make sure we have received it and send it back to your office in the appropriate time frame.

We were told to compose this letter and enclose a \$150.00 check with our completed form.

Again we apoligize for our tardiness and thank you for your understanding and allowing us to only be responsible for the original fee.

Sincerely,

M. Wanda Hubbard, Vice President LSH Transcribing Service, Inc.