

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90062 030 ***150.00

0384226

DOCUMENT # P99000097079

1. Entity Name

DM TRANSCRIPTION SERVICES, INC.

Principal Place of Business

Mailing Address

**3710 PALM TREE BLVD
 CAPE CORAL FL 33904**

**3710 PALM TREE BLVD
 CAPE CORAL FL 33904**

00037021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

633 CULTURAL PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

4. FEI Number

65-0960990

Applied For

Not Applicable

Zip

33990

Country

LEE

Zip

33990

Country

LEE

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

**MANGANO, FRANK
 3710 PALM TREE BLVD
 CAPE CORAL FL 33904**

Name **MANGANO, FRANK**

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

633 CULTURAL PARK BLVD.

City **CAPE CORAL**

FL

Zip Code

33990

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 Frank Mangano
 Signature, typed or printed name of registered agent and title if applicable.

FRANK MANGANO
 (NOTE: Registered Agent signature required when reinstating)

4/10/01
 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MANGANO, DANA C**
 CITY-ST-ZIP **3710 PALM TREE BLVD
 CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **633 CULTURAL PARK BLVD**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MANGANO, FRANK**
 CITY-ST-ZIP **3710 PALM TREE BLVD
 CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **633 CULTURAL PARK BLVD**
 CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Frank Mangano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK MANGANO **4/10/01** **941-332-9627**
 Date Daytime Phone #

CR2E034 (10/00)