

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90622 003 ***150.00

DOCUMENT # P99000097079

1. Entity Name

DM TRANSCRIPTION SERVICES, INC.

Principal Place of Business

**633 CULTURAL PARK BLVD.
CAPE CORAL FL 33990**

Mailing Address

**633 CULTURAL PARK BLVD.
CAPE CORAL FL 33990**

2. Principal Place of Business

4343 SCHUMACHER RD

Suite, Apt. #, etc.
LOT 97E

City & State

SEBRING, FL

Zip
33872

Country

HIGHLANDS

3. Mailing Address

4343 SCHUMACHER RD

Suite, Apt. #, etc.
LOT 97E

City & State

SEBRING, FL

Zip
33872

Country

HIGHLANDS



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0960990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGANO, FRANK

**633 CULTURAL PARK BLVD.
CAPE CORAL FL 33990**

Name

SAME

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

4343 SCHUMACHER RD

LOT 97E

City

SEBRING

FL

Zip Code

33872

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.

SIGNATURE **FRANK MANGANO**

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

Frank Mangano

(NOTE: Registered Agent signature required when re-registering)

3/18/02

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, 2002 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANGANO, DANA C**
CITY-ST-ZIP **633 CULTURAL PARK BLVD.
CAPE CORAL FL 33990**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANGANO, FRANK**
CITY-ST-ZIP **633 CULTURAL PARK BLVD.
CAPE CORAL FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **SAME**
CITY-ST-ZIP **4343 SCHUMACHER RD LOT 97E
SEBRING FL 33872**

TITLE ☒ Change ☐ Addition
NAME **REGISTERED AGENT**
STREET ADDRESS **SAME**
CITY-ST-ZIP **4343 SCHUMACHER RD, LOT 97E
SEBRING, FL 33872**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

DANA MANGANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/02

Daytime Phone #

863-402-1939

0493607 AV

CR2E034 (9/01)