

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90131 023 \*\*\*150.00

**DOCUMENT # S72921**

1. Entity Name

**FLASH TRANSCRIPTION, INC.**

Principal Place of Business

~~800 UNO LAGO DR~~

~~#204~~

~~JUNO BCH FL 33408~~

US

Mailing Address

~~800 UNO LAGO DR~~

~~#204~~

~~JUNO BCH FL 33408~~

US

2. Principal Place of Business

150 Santa Barbara Way

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

City & State

Same

Zip

33410

Country

USA

4. FEI Number

65-0279477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**POLIZZI, ALFRED R**

~~800 UNO LAGO DR~~

~~#204~~

~~JUNO BEACH FL 33408~~

*new address*

7. Name and Address of New Registered Agent

Name Same

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

150 Santa Barbara Way

Palm Beach Gardens

City

FL

Zip Code

33410

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

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 **PD POLIZZI, SUE**  
 STREET ADDRESS ~~800 UNO LAGO DR #204~~  
 CITY-ST-ZIP ~~JUNO BCH FL~~

TITLE ☐ Delete

NAME **STD POLIZZI, ALFRED R.** *correct name*  
 STREET ADDRESS ~~800 UNO LAGO DR #204~~  
 CITY-ST-ZIP ~~JUNO BCH FL~~

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  
 STREET ADDRESS 150 Santa Barbara Way  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE ☒ Change ☐ Addition

NAME  
 STREET ADDRESS 150 Santa Barbara Way  
 CITY-ST-ZIP Palm Beach Gardens, FL 33410

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:

SUE E. POLIZZI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

(561) 999-5384

Daytime Phone #

CEP034 (9/01)