

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23750

1. Entity Name

POWER SCOPING & TRANSCRIBING SERVICES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90161 010 ***150.00

Principal Place of Business

1700 PIERCE ST
SUITE 301
HOLLYWOOD FL 33020
US

Mailing Address

1700 PIERCE ST
SUITE 301
HOLLYWOOD FL 33426-5316
US

2. Principal Place of Business

2394 SW 10 Avenue
Suite, Apt. #, etc.

3. Mailing Address

2394 SW 10 Avenue
Suite, Apt. #, etc.

City & State

Boynton Beach FL
Zip 33426 Country USA

City & State

Boynton Beach, FL
Zip 33426 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0322317

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POWER, SHIRLEY
1700 PIERCE ST
SUITE 301
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Shirley Morris

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

2394 SW 10 Avenue

City

Boynton Beach

FL

Zip Code

33426

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

Shirley Morris

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

(NOTE: Registered Agent signature required when reinstating)

Feb 22, 2000

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, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	POWER SHIRLEY	
STREET ADDRESS	1700 PIERCE STREET, SUITE 301	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Morris	
STREET ADDRESS	2394 SW 10 Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MORRIS	
STREET ADDRESS	2394 SW 10 Ave	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shirley Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000 (561) 738-0509

Date

Daytime Phone #

CR2E034 (9/99)