

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62072

1. Entity Name

BARKER MEDICAL TRANSCRIPTION, INC.

Principal Place of Business

2144 BRUECKNER DR
SARASOTA FL 34231

Mailing Address

2144 BRUECKNER DR
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARKER, SHARON
2144 BRUECKNER DR
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 BARKER, SHARON
CITY-ST-ZIP 2144 BRUECKNER DR
SARASOTA FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BARKER, DAVID
CITY-ST-ZIP 2144 BRUECKNER DR
SARASOTA FL

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

TITLE ☐ Delete
NAME
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:

Sharon Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/00
Date

941-922-8150
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 29 AM 8:37



DO NOT WRITE IN THIS SPACE

FILED

Barker Medical Transcription, Inc.

2144 Brueckner Drive

Sarasota, Florida 34231

941-922-8150

Fax: 941-923-7065

September 27, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Document #V62072
Barker Medical Transcription, Inc.

To Whom It May Concern:

I am sending this business report with a check for \$550.00 under protest.

I never received the first report and didn't receive this one until after the September 13, 2000 deadline. I should have realized that I didn't have one earlier, but never did until I got this copy (on September 26th) and started looking for the first one. It is not here.

I lead a very hectic life and don't think about filing forms that I have not received.

As I say, I am paying the \$550.00 under protest, but don't think under the circumstances that I should have to pay the \$750.00 since I didn't receive this until September 26th.

Sincerely,

Sharon Barker, CMT

Sharon Barker, CMT
President, Barker Medical Transcription, Inc.