

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90728 010 ***158.75

DOCUMENT # **V7 3416**

1. Entity Name

Hi TECH COURT REPORTING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 NE 3rd Ave

3. Mailing Address

10890 NE 8th Court

Suite, Apt. #, etc.

1500

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

BISCAYNE PARK, FLORIDA

Zip

33301

Country

U.S.A.

Zip

33161

Country

U.S.A.

4. FEI Number

650 373636

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MICHAEL LYNOTT

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

9155 SOUTH DADE LANE BLVD.

Suite 1000

City

Miami

FL

Zip Code

33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**LEE LYNOTT - President
10890 NE 8th COURT
Biscayne Park, Florida 33161**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE LYNOTT - President

April 15, 2004 9545230915

Date

Daytime Phone #

CR2E034B (12/02)