

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90004 005 ***150.00

DOCUMENT # 313048

1. Entity Name
PAUL W. DAVIS SYSTEMS, INC.

Principal Place of Business INDEPENDENT DR JACKSONVILLE FL 32202	Mailing Address 1 INDEPENDENT DR 2300 JACKSONVILLE FL 32202-5017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1163122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BAKER, SCOTT
 1 INDEPENDENT DR
 SUITE 2300
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 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 _____ (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, 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 C	<input type="checkbox"/> Delete
NAME HENNIK, JAY S	
STREET ADDRESS 1140 BAY STREET, SUITE 4000	
CITY-ST-ZIP TORONTO, ONT CANADA M5S- 2B4	
TITLE VPT	<input type="checkbox"/> Delete
NAME ROBINSON, TIM	
STREET ADDRESS 1 INDEPENDENT DR., STE. 2300	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE PCEO	<input type="checkbox"/> Delete
NAME BAKER, SCOTT	
STREET ADDRESS 1 INDEPENDENT DR., STE. 2300	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE AS	<input type="checkbox"/> Delete
NAME CLEMENTS, PAUL	
STREET ADDRESS 5397 ELLINGTON AVE WEST., STE. 108	
CITY-ST-ZIP ETOBICOKE, ONT CANADA M9C- 5K6	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME BURTCHELL, STEVEN	
STREET ADDRESS 9000 CYPRESS GREEN DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME MACDOWELL, CHARLES R	
STREET ADDRESS 4118 BUDD LANDING CT	
CITY-ST-ZIP MIDDLEBURG FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Timothy M R Robinson Date: 2/15/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)