

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90050 017 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT #** P00000090673

1. Entity Name

DOCUSCAN, INC.



Principal Place of Business

200 FOREST LAKE BLVD SUITE 2  
DAYTONA BEACH FL 32119

Mailing Address

200 FOREST LAKE BLVD SUITE 2  
DAYTONA BEACH FL 32119

2. Principal Place of Business

2090 S. Nova Rd.

3. Mailing Address

2090 S. Nova Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A A02

Ste A A02

City & State

City & State

South Daytona, FL

South Daytona, FL

Zip

Country

32119 USA

Zip

Country

32119 USA

4. FEI Number

59-3673352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRICKHOUSER, CHARLES L  
1 FOX RUN TRAIL  
ORMOND BEACH FL 32174

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

SIGNATURE

*Charles L. Strickhouser, President*

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

(NOTE: Registered Agent signature required when reinstating)

1-10-03

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME STRICKHOUSER, CHARLES L  
STREET ADDRESS 1 FOX RUN TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE CEO ☐ Delete  
NAME STRICKHOUSER, CHARLES L  
STREET ADDRESS 1 FOX RUN TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

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

TITLE VST ☒ Delete  
NAME STRICKHOUSER, RHONDA R  
STREET ADDRESS 1 FOX RUN TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VST ☒ Change ☐ Addition  
NAME Carter, Larissa  
STREET ADDRESS 1449 Tommy Hitchcock Ave.  
CITY-ST-ZIP Daytona Beach, FL 32124

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Larissa Carter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-03 386-304-4345

Daytime Phone #