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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033179

1. Corporation Name
DOCUBASE SYSTEMS, INC.

Principal Place of Business

701 ENTERPRISE RD E
SUITE 303
SAFETY HARBOR FL 34695

Mailing Address

701 ENTERPRISE RD E
SUITE 303
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

59-3669912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 28050 US 19 North

2a. Mailing Address

26 28050 US 19 North

Suite, Apt. #, etc.

22 Suite 203

Suite, Apt. #, etc.

27 Suite 203

City & State

23 Clearwater

City & State

28 Clearwater

Zip

24 33761

Country

25 USA

Zip

29 33761

Country

30 USA

9. Name and Address of Current Registered Agent

POPOVICH, P D
100 SECOND AVE SOUTH
STE 600
ST PETE FL 33701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS TABANON, Y
CITY-ST-ZIP 101 ENTERPRISE RD, STE 303
SAFETY HARBOR FL 36695

TITLE ☐ DELETE

NAME D
STREET ADDRESS HAMON, P
CITY-ST-ZIP 701 ENTERPRISE RD, STE 303
SAFETY HARBOR FL 36605

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
1.3 STREET ADDRESS TABANON, Y
1.4 CITY-ST-ZIP 28050 US 19 North, Ste 203
Clearwater FL, 33761

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
2.3 STREET ADDRESS HAMON, P
2.4 CITY-ST-ZIP 28050 US 19 North, Ste 203
Clearwater FL 33761

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99

Daytime Phone #

727 7231484

CR2E034 (11/98)