

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90051 012 ***150.00

DOCUMENT # P97000033179

1. Entity Name
DOCUBASE SYSTEMS, INC.

Principal Place of Business
 28050 US 19 N
 STE 203
 CLEARWATER FL 33761

Mailing Address
 28050 US 19 N
 STE 203
 CLEARWATER FL 33761

00136039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3449912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Yannick Tabanon**
 Street Address (P.O. Box Number is Not Acceptable)
28050 US 19 North
Ste 203
Clearwater FL 33761

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

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, 2002 Fee 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

TITLE **D** ☐ Delete
 NAME **TABANON, Y**
 STREET ADDRESS **28050 US 19 N- STE 203**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
 NAME **HAMON, P**
 STREET ADDRESS **28050 US 19 N- STE 203**
 CITY-ST-ZIP **CLEARWATER FL 33761**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02 (727) 783-1484

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. # A9 7000033179

docubase

974939

August 13, 2002

Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

This letter is to explain that the Uniform Business Report was never received prior to it's original due date and therefore we are requesting that the late fee be waived, subsequently, we are sending in the original filing fee of \$150.00.

Please feel free to contact me if you have any questions.

Thank you,


Yannick Tabanon
Vice President