

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000036599**

1. Entity Name  
**S.D.E. STORING DOCUMENTS ELECTRONICALLY INC.**



Principal Place of Business  
**6015 BENJAMIN ROAD  
SUITE 315  
TAMPA FL 33634  
US**

Mailing Address  
**6015 BENJAMIN ROAD  
SUITE 315  
TAMPA FL 33634  
US**

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 **59-3469167**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, STEPHEN L  
6601 SUSSMAN PLACE #105  
TAMPA FL 33615**

Name *DAVIS, STEPHEN L*

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

*11638 Renaissance View Ct*

City *tampa*

FL      Zip Code *33626*

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

**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 **P**  
NAME **DAVIS, STEPHEN L**  
STREET ADDRESS **6601 SUSSMAN PLACE #105**  
CITY-ST-ZIP **TAMPA FL 33615**

Delete

TITLE **P**  
NAME **Stephen L. DAVIS**  
STREET ADDRESS **11638 Renaissance View Ct**  
CITY-ST-ZIP **Tampa, FL 33626**

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Change

Addition

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: *Stephen L. DAVIS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/03 (813)249-9911*

Date

Daytime Phone #