2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # **P97000039189** 1. Entity Name DOCUMENT SYSTEMS, INC. 02-05-2001 90111 023 ***150.00 Principal Place of Business Mailing Address 1535 N COGSWELL ST 1535 N COGSWELL ST STE C-15 STE C-15 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Po. Box 411323 7667 N. WICKHAM ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT. #1407 City & State City & State 4. FEI Number Applied For 59-3447399 MELBOURNE MELBOURNE Not Applicable \$8.75 Additional 5. Certificate of Status Desired U.S.A. USA-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'BRIEN, JAMES M Street Address (P.O. Box Number is Not Acceptable) 1686 WEST HIBISCUS BLVD MELBOURNE FL 32901 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete TITLE Change NAME NAME EVANS, WALTER F 7667 N. WICKHAM ROAD, #1407 STREET ADDRESS STREET ADDRESS 1535 N COGSWELL ST STE C-15 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL **ROCKLEDGE FL 32955** TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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 on the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

SIGNATURE: