

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

102

DOCUMENT # P97000079120

1. Entity Name

DOCUMED SYSTEMS INTERNATIONAL, INC.



FILED

03 FEB 13 AM 9:04

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200013264102
02/28/03--01015--017 **900.00

DO NOT WRITE IN THIS SPACE

1998-2003 UBR

2. Principal Place of Business
2918 Old Orchard Road

3. Mailing Address
2918 Old Orchard Road

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
59-3467189

Applied For
Not Applicable

Zip Country
32257

Zip Country
32257

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHRISTOPHER B. HAAS

Street Address (P.O. Box Number is Not Acceptable)
2918 Old Orchard Road

City
Jacksonville, Florida

Zip Code
32257

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 *Christopher B. Haas*

Christopher B. Haas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Haas, Christopher B.
2918 Old Orchard Road
Jacksonville, Florida 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Haas, Ellen W.
2918 Old Orchard Road
Jacksonville, Florida 32257

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Christopher B. Haas

President

Feb 11, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

