

**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 Suite, Apt. #, etc.		3. Mailing Address 2918 Old Orchard Road Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32257	Country	Zip 32257	Country

4. FEI Number 59-3467189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 #

