

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024725

1. Entity Name

DOCUSTAR, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90078 041 ***150.00

Principal Place of Business Mailing Address
ONE INDEPENDENT DR., STE. 3303 ONE INDEPENDENT DR., STE. 3303
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-5027

2. Principal Place of Business *PMB-337* 3. Mailing Address *PMB 337*
4250 ALAFAYA TRAIL *4250 ALAFAYA TRAIL*
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 212 *SUITE 212*

City & State City & State
OVIEDO, FLA. *OVIEDO, FLA.*
Zip Country Zip Country
32765-9424 U.S.A. *32765-9424 U.S.A.*

4. FEI Number
59-3571787
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIRCHER, SALLY J ESQ.
ONE INDEPENDENT DR., STE. 3303
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name *SHERREE E. FRAZIER*
Street Address (P.O. Box Number is Not Acceptable)
2356 CHANTILLY TERRACE
City *OVIEDO* FL Zip Code *32765*

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]* *SHERREE E. FRAZIER* *2/17/00*
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* *JUDITH MITCHELL* *2/17/00* *407 257 4657*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)