

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 021 ***150.00

DOCUMENT # P990000 89359

1. Entity Name

DOCUMENTATION SERVICES INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9480 TARA CAY CT

Suite, Apt. #, etc.

3. Mailing Address

9480 TARA CAY CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE, FLORIDA

City & State

SEMINOLE, FLORIDA

4. FEI Number

59-3603060

Applied For:

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

CARL LUCCHI

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

9480 TARA CAY CT

City

SEMINOLE

FL

Zip Code

33776

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE	<u>D, P, VP, S, T</u>
NAME	<u>CARL LUCCHI</u>
STREET ADDRESS	<u>9480 TARA CAY CT</u>
CITY - ST - ZIP	<u>SEMINOLE, FL 33776</u>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like powers.

SIGNATURE:

Carl Lucchi, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02

Date

727.596.1766

Daytime Phone #

CR2E034B (12/01)