

**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 #** P99000089359  
**1. Entity Name**  
**DOCUMENTATION SERVICES INTERNATIONAL, INC.**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 9480 TARA CAY CT Suite, Apt. #, etc.	<b>3. Mailing Address</b> 9480 TARA CAY CT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> SEMINOLE, FLORIDA	<b>City &amp; State</b> SEMINOLE, FLORIDA
<b>Zip</b> 33776	<b>Zip</b> 33776
<b>Country</b> PINELLAS	<b>Country</b> PINELLAS

<b>4. FEI Number</b> 59-3603060	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** CARL LUCCI

**Street Address (P.O. Box Number is Not Acceptable)**  
9480 TARA CAY CT

**City** SEMINOLE **FL** **Zip Code** 33776

**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** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D, P, VP, S, T CARL LUCCI 9480 TARA CAY CT SEMINOLE, FL 33776	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/01)

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, such as all other like powers.**

**SIGNATURE:** Carl Lucchi, President **4-4-02** **727.596.1766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #