


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90550 047 ***150.00

DOCUMENT # F94000002740

1. Entity Name
DISCOUNT TROPHY & CO., INC.



Principal Place of Business
**400 GOVERNORS HWY
SOUTH WINDSOR CT 06074
US**

Mailing Address
**PO BOX 1143
SOUTH WINDSOR CT 06074
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **06-1137628**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**SMITH, CHRISTOPHER
64 HARGROVE GRADE
PALM COAST FL 32035**

S/B 32137

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Smith* DATE **1-10-03**

Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PCT	<input type="checkbox"/> Delete
NAME	BIZIER, MARCEL O	
STREET ADDRESS	61 RIDGE RD	
CITY-ST-ZIP	GLASTONBURY CT	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KING, BARBARA	
STREET ADDRESS	61 RIDGE RD	
CITY-ST-ZIP	GLASTONBURY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCEL O. BIZIER	
STREET ADDRESS	400 GOVERNORS HWY - PO BOX 1143	
CITY-ST-ZIP	SO. WINDSOR CT 06074	
TITLE	V.PRES/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA D. KING	
STREET ADDRESS	400 GOVERNORS HWY - PO BOX 1143	
CITY-ST-ZIP	SO. WINDSOR CT 06074	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara D. King, V. Pres.* DATE: **1-10-03** DAYTIME PHONE #: **860-289-4689**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)