

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21087

1. Entity Name

FIRST DISCOVERY, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90025 013 ****70.00

Principal Place of Business

FIRST DISCOVERY
6131 5TH ST E
BRADENTON FL 34203
US

Mailing Address

FIRST DISCOVERY
6131 5TH ST E
BRADENTON FL 34203
US

2. Principal Place of Business

First Discovery
Suite, Apt. #, etc.
6131 5th St E
City & State
Bradenton FL
Zip
34203
Country
U.S.

3. Mailing Address

First Discovery
Suite, Apt. #, etc.
6131 5th St E
City & State
Bradenton FL
Zip
34202
Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1743126

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRALICH, CARLA
908 65TH AVE. DR. W.
BRADENTON FL 34207

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
TRALICH, DELORES H.
908 65TH AVENUE DR.W.
BRADENTON FL 34207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
TRALICH, TIMOTHY J.
908 65TH AVENUE DR.W.
BRADENTON FL 34207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TRALICH, CARLA ANN
908 65TH AVE. DR. W
BRADENTON FL 34207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
Same

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☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)