

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N21087

1. Entity Name

FIRST DISCOVERY, INC.

Principal Place of Business

Mailing Address

**FIRST DISCOVERY
 6131 5TH ST E
 BRADENTON FL 34203
 US**

**FIRST DISCOVERY
 6131 5TH ST E
 BRADENTON FL 34203
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

First Discovery

First Discovery

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6131 5th St E

6131 5th St E

City & State

City & State

Bradenton FL

Bradenton FL

Zip

Country

Zip

Country

34203

U.S.

34202

U.S.

4. FEI Number

59-1743126

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 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:

Carla Ann Tralich Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02
 Date

941-753-3112
 Daytime Phone #

CR2E037 (9/01)