

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90410 042 ****70.00

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DOCUMENT # N21087

1. Entity Name

FIRST DISCOVERY, INC.



Principal Place of Business

**FIRST DISCOVERY
6131 5TH STE
BRADENTON FL 34203
US**

Mailing Address

**FIRST DISCOVERY
6131 5TH STE
BRADENTON FL 34203
US**

2. Principal Place of Business

**First Discovery
Suite, Apt. #, etc.
6131 5th STE**

3. Mailing Address

**6131 5th STE
Suite, Apt. #, etc.**

City & State

Bradenton FL

City & State

Bradenton, FL

Zip

34203

Country

Manatee

Zip

34203

Country

Manatee

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-1743126**

Applied For

Not Applicable

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

STALICH, CARLA ANN (Pres)

4/10/03 941-753-3112

CR2E037 (10/02)