

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90008 013 \*\*\*550.00

**DOCUMENT # P97000076213**

1. Entity Name  
**DISC-US BOOKS, INC.**

Principal Place of Business <b>4010 SAYER CT.          STE B          SARASOTA FL 34233          US</b>	Mailing Address <b>4010 SAYER CT.          STE B          SARASOTA FL 34233-1215          US</b>
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**00064126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0780817**  
 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**

**TRUPIN, ELIZABETH  
 4010 SAWYER CT.  
 STE B  
 SARASOTA FL 34233**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>TRUPIN, JAMES E</b>	
STREET ADDRESS <b>4010 SAWYER CT. - #B</b>	
CITY-ST-ZIP <b>SARASOTA FL 34233</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>TRUPIN, ELIZABETH</b>	
STREET ADDRESS <b>4010 SAWYER CT. - #B</b>	
CITY-ST-ZIP <b>SARASOTA-FL-34233</b>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P.D.T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Elizabeth Trupin-Pulli</b>	
STREET ADDRESS <b>4010 Sawyer Court, Sarasota</b>	
CITY-ST-ZIP <b>Florida 34233</b>	
TITLE <b>VP.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>James E. Trupin</b>	
STREET ADDRESS <b>4010 Sawyer Court, Sarasota</b>	
CITY-ST-ZIP <b>FL 34233</b>	
TITLE <b>VP.S.D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>G. Vincent Pulli</b>	
STREET ADDRESS <b>4010 Sawyer Court, Sarasota</b>	
CITY-ST-ZIP <b>FL 34233</b>	
TITLE <b>VP, D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Rana Tiwari</b>	
STREET ADDRESS <b>4010 Sawyer Court, Sarasota</b>	
CITY-ST-ZIP <b>FL 34233</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shane Tiwari* **SHANE TIWARI**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 5/24/00 (407) 977-7719  
 Daytime Phone #

CR2E034 (9/99)