

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2002 8:00 am**  
**Secretary of State**

0524789 AV

DOCUMENT # **P97000076213**

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

04-12-2002 90002 023 \*\*\*150.00

Principal Place of Business <b>4010 SAWYER CT. STE B SARASOTA FL 34233 US</b>	Mailing Address <b>4010 SAWYER CT. STE B SARASOTA FL 34233 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4219 MORNING PLACE</b>	3. Mailing Address <b>4219 MORNING PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>	4. FEI Number <b>65-0780817</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>34231</b>	Country <b>USA</b>	Zip <b>34231</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**TRUPIN, ELIZABETH  
 4010 SAWYER CT.  
 STE B  
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent  
 Name **TRUPIN, ELIZABETH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4219 MORNING PLACE**  
 City **SARASOTA FL** Zip Code **34231**

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 *Elizabeth Trupin* **ELIZABETH TRUPIN, ST** DATE **4/2/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRUPIN, JAMES E</b> <b>4010 SAWYER CT. - #B</b> <b>SARASOTA FL 34233</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TRUPIN, ELIZABETH</b> <b>4010 SAWYER CT. - #B</b> <b>SARASOTA FL 34233</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TRUPIN, JAMES E</b> <b>4219 MORNING PLACE</b> <b>SARASOTA FL 34231</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TRUPIN, ELIZABETH</b> <b>4219 MORNING PLACE</b> <b>SARASOTA FL 34231</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elizabeth Trupin* **ELIZABETH TRUPIN, ST** DATE **4/2/02** DAYTIME PHONE # **941-929-1063**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)