

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21087

1. Entity Name

FIRST DISCOVERY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90069 026 ****70.00

Principal Place of Business

FIRST DISCOVERY
BRADENTON FL 34203
US

Mailing Address

6131 5TH ST E
BRADENTON FL 34203-7601
US

2. Principal Place of Business.

First Discovery
Suite, Apt. #, etc.

3. Mailing Address

6131 5th St E
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bradenton FL

City & State
Bradenton FL

4. FEI Number
59-1743126

Applied For
Not Applicable

Zip
34203

Country
U.S.

Zip
34203-7601

Country
U.S.

5. Certificate of Status Desired ☒ \$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
Tralich Carla

Street Address (P.O. Box Number is Not Acceptable)

908 65th Ave Dr W

City
Bradenton

FL

Zip Code
34207

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

Tralich Carla

Carla Tralich

4/10/2000

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
Same

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

4/10/2000

Date

Daytime Phone #

CR2E037 (9/99)