

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21087

1. Entity Name

FIRST DISCOVERY, INC.

CR

Principal Place of Business

FIRST DISCOVERY
BRADENTON FL 34203
US

Mailing Address

6131 5TH ST E
BRADENTON FL 34203
US

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90113 035 ****70.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

First Discovery

Suite, Apt. #, etc.
6131 5TH ST E

City & State
Bradenton FL

Zip
34203

Country
FLORIDA

3. Mailing Address

First Discovery

Suite, Apt. #, etc.
6131 5TH ST E

City & State
Bradenton FL

Zip
34203

Country
FLORIDA

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

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

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.

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
After September 12, 2001, min. will be \$236.25

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

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

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

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
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CITY-ST-ZIP
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☐ 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 of Carla Tralich) CARLA TRALICH 7/6/2001 941-753-3112

CR2E037 (5/01)