

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 007 ***150.00

DOCUMENT # 330835

1. Entity Name

TAMPA DISCOUNT AND INVESTMENT
CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4346 DUNBARTON
Suite, Apt. #, etc. 3

3. Mailing Address

P.O. BOX 13598
Suite, Apt. #, etc.

54057040

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-1258316

Applied For

Not Applicable

Zip

33611

Country

US

Zip

33681-3598

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER H. KESSLER

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

4346 DUNBARTON - #3

City

TAMPA

FL

Zip Code

33611

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD. RICHARD K. WITCOFF
4346 DUNBARTON - #3
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD. WALTER H. KESSLER
4346 DUNBARTON - #3
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. ROBERT M. KESSLER
4346 DUNBARTON - #3
TAMPA, FL 33611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter H. Kessler

WALTER H. KESSLER

6-8-04

813-839-5967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)