

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F96000001788**

1. Entity Name
DISCOUNT MORTGAGE CORPORATION



Principal Place of Business
1511 1/2 S. BAY VILLA PL.
TAMPA FL 33629

Mailing Address
1511 1/2 S. BAY VILLA PL.
TAMPA FL 33629

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent

BENSONOFF, LEONARD
1511 1/2 S. BAY VILLA PLACE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name *Sean R. Conneely*
Street Address (P.O. Box Number is Not Acceptable)
1511 1/2 S. Bay Villa Place

City *Tampa* **FL** Zip Code *33629*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/28/03*

FILE NOW!! - FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **NAME** Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP **P**
BENSONOFF, LEONARD
3003 W. STOVALL STREET
TAMPA FL 33629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
CITY-ST-ZIP **P**
Conneely, Sean R
1511 1/2 S. Bay Villa Place
Tampa, FL 33629

TITLE **NAME** Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP **VPS**
CONNEELY, SEAN-R
1511 1/2 S. BAY VILLA PLACE
TAMPA FL 33629

Change Addition
TITLE **NAME**
NAME **STREET ADDRESS**
CITY-ST-ZIP **P**
Conneely, Sean R
1511 1/2 S. Bay Villa Place
Tampa, FL 33629

TITLE **NAME** Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

TITLE **NAME** Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

TITLE **NAME** Delete
NAME **STREET ADDRESS**
CITY-ST-ZIP

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

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

SIGNATURE: *[Signature]*

SECURE REGISTRATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

(813)259-1544

Date **Daytime Phone #**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90987 042 ***158.75



CHECK HERE IF MAKING CHANGES

SEARCHED
INDEXED
MAILED
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CR2E034 (10/02)