

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90397 039 \*\*\*150.00

**DOCUMENT # F99000003566**

1. Entity Name

**DISCOUNT FLOOR PLAN INC.**

Principal Place of Business

**3511 SILVERSIDE ROAD, SUITE 105  
WILMINGTON DE 19810**

Mailing Address

**2361 N.E. 49TH STREET  
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

**2361 N.E. 49 ST**  
Suite, Apt. #, etc.

3. Mailing Address

**2361 N.E. 49 ST.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LIGHTHOUSE POINT FL**

City & State

**LIGHTHOUSE POINT**

4. FEI Number

**58-2475793**

Applied For

Not Applicable

Zip

**33064**

Country

**U.S.**

Zip

**33064**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GERARDI, VICTOR  
2361 N.E. 49TH STREET  
LIGHTHOUSE POINT FL 33064**

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

*Victor Gerardi*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**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 **D** ☐ Delete  
NAME **GERARDI, VICTOR**  
STREET ADDRESS **2361 N.E. 49TH ST.**  
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VICE PRES.** ☐ Delete  
NAME **LENA GERARDI**  
STREET ADDRESS **2361 N.E. 49 ST.**  
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

*Victor Gerardi*

**VICTOR GERARDI PRES**

**04-10-02**

**934 732-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)