

0-03

Year 2003

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

FILED

03 JUN -6 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H78168

1. Entity Name

Discovery Information Systems, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

140 N. Westmonte Dr.

3. Mailing Address

140 N. Westmonte Dr.

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-2573236

Applied For

Not Applicable

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Terry Jernigan

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

413 Spring Valley Ln.

City

Altamonte Springs

FL

Zip Code

32714

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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          | P/UNIT/5 ID                 | TITLE          | 700020563837                  |
| NAME           | Terry Jernigan              | NAME           | 06/06/03--01038--008 **150.00 |
| STREET ADDRESS | 413 Spring Valley Ln.       | STREET ADDRESS |                               |
| CITY-ST-ZIP    | Altamonte Springs, FL 32714 | CITY-ST-ZIP    |                               |
| TITLE          |                             | TITLE          | 700020563837                  |
| NAME           |                             | NAME           | 06/06/03--01038--009 **150.00 |
| STREET ADDRESS |                             | STREET ADDRESS |                               |
| CITY-ST-ZIP    |                             | CITY-ST-ZIP    |                               |
| TITLE          |                             | TITLE          | 700020563837                  |
| NAME           |                             | NAME           | 06/06/03--01038--010 **150.00 |
| STREET ADDRESS |                             | STREET ADDRESS |                               |
| CITY-ST-ZIP    |                             | CITY-ST-ZIP    |                               |
| TITLE          |                             | TITLE          | 700020563837                  |
| NAME           |                             | NAME           | 06/06/03--01038--011 **150.00 |
| STREET ADDRESS |                             | STREET ADDRESS |                               |
| CITY-ST-ZIP    |                             | CITY-ST-ZIP    |                               |
| TITLE          |                             | TITLE          |                               |
| NAME           |                             | NAME           |                               |
| STREET ADDRESS |                             | STREET ADDRESS |                               |
| CITY-ST-ZIP    |                             | CITY-ST-ZIP    |                               |

**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:

Terry Jernigan

Terry Jernigan

5/27/03

407-786-0424


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #


216/6

Year 2000  
**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|   |   |  |  |
|---|---|--|--|
| DOCUMENT # <b>H 78168</b>   |   |                                       |  |
| 1. Entity Name<br><b>Discovery Information Systems, Inc.</b>  |   |  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |  |
| 2. Principal Place of Business<br><b>140 N. Westmonte Dr.</b>   |   | 3. Mailing Address<br><b>140 N. Westmonte Dr.</b>  |  |
| Suite, Apt. #, etc.<br><b>Suite 205</b>   |   | Suite, Apt. #, etc.<br><b>Suite 205</b>  |  |
| City & State<br><b>Altamonte Springs, FL</b>  |   | City & State<br><b>Altamonte Springs, FL</b>   |  |
| Zip<br><b>32714</b>   |   | Country<br><b>Seminole</b>   |  |
| Zip<br><b>32714</b>   |   | Country<br><b>Seminole</b>   |  |
| 4. FEI Number<br><b>59-2573236</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required  |  |
| 7. Name and Address of Current Registered Agent   |   |  |  |
| Name<br><b>Terry Jernigan</b>   |   |  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>413 Spring Valley Ln.</b>  |   |  |  |
| City<br><b>Altamonte Springs</b> <b>FL</b> Zip Code<br><b>32714</b>   |   |  |  |
| 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 _____ (NOTE: Registered Agent signature required when renewing)   |   |  |  |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PRIVILEGE<br/>Terry Jernigan<br/>413 Spring Valley Ln.<br/>Altamonte Springs, FL 32714</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |
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| <b>DO NOT WRITE IN THIS SPACE</b>   |   |  |  |
| 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: <b>Terry Jernigan</b>  |   | <b>Terry Jernigan</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date<br><b>5/27/03</b>   |  |
|   |   | Daytime Phone #<br><b>407-786-0424</b>   |  |

CR2034B (12/02)

Year 2001  
**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|   |   |   |  |
|---|---|---|--|
| DOCUMENT # <b>H78168</b>  |   |                                |  |
| 1. Entity Name<br><b>Discovery Information Systems, Inc.</b>  |   |   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |   |   |  |
| 2. Principal Place of Business<br><b>140 N. Westmonte Dr.</b>   |   | 3. Mailing Address<br><b>140 N. Westmonte Dr.</b>   |  |
| Suite, Apt. #, etc.<br><b>Suite 205</b>   |   | Suite, Apt. #, etc.<br><b>Suite 205</b>   |  |
| City & State<br><b>Altamonte Springs, FL</b>  |   | City & State<br><b>Altamonte Springs, FL</b>  |  |
| Zip<br><b>32714</b>   |   | Zip<br><b>32714</b>   |  |
| Country<br><b>Seminole</b>  |   | Country<br><b>Seminole</b>  |  |
| 4. FEI Number<br><b>59-2573236</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required   |   | DO NOT WRITE IN THIS SPACE  |  |
| 7. Name and Address of Current Registered Agent   |   |   |  |
| Name<br><b>Terry Jernigan</b>   |   |   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>413 Spring Valley Ln.</b>  |   |   |  |
| City<br><b>Altamonte Springs</b>  |   |   |  |
| FL  |   | Zip Code<br><b>32714</b>  |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)   |   |   |  |
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| 10. OFFICERS AND DIRECTORS  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P/VIT/5 ID<br><b>Terry Jernigan</b><br><b>413 Spring Valley Ln.</b><br><b>Altamonte Springs, FL 32714</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
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| SIGNATURE: <b>Terry Jernigan</b>  |   | Date<br><b>5/27/03</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #<br><b>407-786-0424</b>  |  |

CR2E034B (12/02)

Year 2002  
**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|   |  |  |  |
|---|--|--|--|
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| City & State<br><b>Altamonte Springs, FL</b>  |  | City & State<br><b>Altamonte Springs, FL</b>   |  |
| Zip<br><b>32714</b>   | Country<br><b>Seminole</b>   | Zip<br><b>32714</b>  | Country<br><b>Seminole</b>             |
| 4. FEI Number<br><b>59-2573236</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
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| Name <b>Terry Jernigan</b>  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PRIVILEGED<br/>Terry Jernigan<br/>413 Spring Valley Ln.<br/>Altamonte Springs, FL 32714</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |
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| SIGNATURE: <b>Terry Jernigan</b>  |  | Date<br><b>5/27/03</b>   | Daytime Phone #<br><b>407-786-0424</b> |

CR2E034B (12/02)



05/23/2003

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the corporate filings for years 2000 through 2003. It recently came to our attention that our corporation had been administratively dissolved and these filings should bring us current.

I respectfully ask for waiver of the penalties as we moved our offices in 1999 and again in 2001 and never received the first or second notices. I would be most grateful for the waiver.

Please don't hesitate to call or contact me if there are any questions.

Best regards,

Terry Jernigan