

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000015843

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: DISCOUNT SOURCE OFFICE PRODUCTS LLC

Current Principal Place of Business:

2431 ALOMA AVE. SUITE 264
WINTER PARK, FL 32792

New Principal Place of Business:

3205 COLUMNS CIRCLE
SEMINOLE, FL 33772

Current Mailing Address:

3010 MARATHON AVE.
ORLANDO, FL 32805

New Mailing Address:

3205 COLUMNS CIRCLE
SEMINOLE, FL 33772

FEI Number: 59-3744586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUGO, RAYMOND J
3010 MARATHON AVE.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

LUGO, RAYMOND J
3205 COLUMNS CIRCLE
SEMINOLE, FL 33772 US

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:

04/30/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LUGO, RAYMOND J
Address: 3010 MARATHON AVE.
City-St-Zip: ORLANDO, FL 32805

Title: MGRM () Delete
Name: NEAL, DAVID C
Address: 3010 MARATHON AVE.
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUGO, RAYMOND J
Address: 3205 COLUMNS CIRCLE
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM (X) Change () Addition
Name: NEAL, DAVID C
Address: 3205 COLUMNS CIRCLE
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RAYMOND J LUGO

MR

04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date