

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21087

1. Entity Name

FIRST DISCOVERY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90069 026 ****70.00

Principal Place of Business

Mailing Address

FIRST DISCOVERY
 BRADENTON FL 34203
 US

6131 5TH ST E
 BRADENTON FL 34203-7601
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business.

3. Mailing Address

First Discovery
 Suite, Apt. #, etc.

6131 5th St E
 Suite, Apt. #, etc.

City & State
 Bradenton FL

City & State
 Bradenton FL

4. FEI Number
 59-1743126

Applied For
 Not Applicable

Zip
 34203

Country
 U.S.

Zip
 34203-7601

Country
 U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRALICH, CARLA
 908 65TH AVE. DR. W.
 BRADENTON FL 34207

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

908 65th Ave Dr W

City
 Bradenton FL Zip Code
 34207

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
 Tralich Carla

Carla Tralich

4/10/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 TRALICH, DELORES H.
 908 65TH AVENUE DR.W.
 BRADENTON FL 34207 Delete
 Same

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 T
 TRALICH, TIMOTHY J.
 908 65TH AVENUE DR.W.
 BRADENTON FL 34207 Delete
 Same

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 TRALICH, CARLA ANN
 908 65TH AVE. DR. W
 BRADENTON FL 34207 Delete
 Same

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 617, 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: *Carla Tralich*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000
 Date

Daytime Phone #

CR2E037 (9/99)