

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90122 013 ***150.00

DOCUMENT # P00000007497

1. Entity Name

OPTION DISCOUNT REALTY, INC.

Principal Place of Business

**420 S 3RD ST
 JACKSONVILLE BEACH FL 32250**

Mailing Address

**420 S 3RD ST
 JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

420 S. 3RD ST

Suite, Apt. #, etc.

3. Mailing Address

420 S. 3RD ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

FLORIDA

Zip

32250

Country

FLORIDA

4. FEI Number

59-3657381

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ISACCO, RONALD L

355 MONUMENT ROAD 18C

JACKSONVILLE FL 32225

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

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 **ISACCO, RONALD L**
 STREET ADDRESS **255 MONUMENT ROAD 18C**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 **D (PRESIDENT)** ☒ Change ☐ Addition
 NAME **ISACCO, RONALD L.**
 STREET ADDRESS **P.O. BOX 5303**
 CITY-ST-ZIP **ST MARYS GA 31558**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **ISACCO, RONALD J.**
 STREET ADDRESS **8331 ROCK RIDGE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **SECRETARY** ☐ Change ☐ Addition
 NAME **ISACCO, LORI**
 STREET ADDRESS **8331 ROCK RIDGE RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

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

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 another like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)