

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077333

1. Entity Name

DISC TRADING COMPANY

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90260 008 ***150.00

Principal Place of Business

3901 BALLINORE PLACE
GOTHA FL 34734

Mailing Address

3901 BALLINORE PLACE
GOTHA FL 34734

2. Principal Place of Business

3901 BALLINORE PLACE

Suite, Apt. #, etc.

3. Mailing Address

3901 BALLINORE PLACE

Suite, Apt. #, etc.

City & State

GOTHA, FL

City & State

GOTHA, FL

Zip

34734

Country

U.S.A

Zip

34734

Country

U.S.A

4. FEI Number

59-3667583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

MARK SOBELMAN

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

3901 BALLINORE PLACE

City

GOTHA

State

FL

Zip Code

34734

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]

MARK SOBELMAN

DIRECTOR

4/19/01

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

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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	<input type="checkbox"/> Delete
NAME	MORROW, CAROL	
STREET ADDRESS	3901 BALLINORE PLACE	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOBELMAN, MARK	
STREET ADDRESS	3901 BALLINORE PLACE	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

DATE

407-325-3407

DAYTIME PHONE #

CR2E034 (10/00)