

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90155 018 ***160.00

DOCUMENT # P01000119336

1. Entity Name
DISCOUNT SETTLEMENT SOLUTIONS, INC.



Principal Place of Business

~~9224 ELZA ST~~
~~NEW PORT RICHEY, FL 34654~~
18609 Shady Hills Rd
Spring Hill FL 34610

Mailing Address

~~9224 ELZA ST~~
~~NEW PORT RICHEY, FL 34654~~
18609 Shady Hills Rd
Spring Hill FL 34610

2. Principal Place of Business

18609 SHADY HILLS RD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SPRING HILL FLORIDA

City & State

SPRING HILL FLORIDA

4. FEI Number

22-3591020

Applied For

Not Applicable

Zip

34610

Country

U.S.A

Zip

34610

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, ALLEN
9224 ELZA ST
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name: David Lanna
Street Address (P.O. Box Number is Not Acceptable):
18609 Shady Hills Rd
City: Spring Hill FL Zip Code: 34610

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

David Lanna

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

(NOTE: Registered Agent signature required when reinstating)

3/31/03

DATE

FILE NEW FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PST	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, ALLEN	
STREET ADDRESS	9224 ELZA ST	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Lanna	
STREET ADDRESS	18609 Shady Hills Rd	
CITY-ST-ZIP	Spring Hill, FL 34610	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Lanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

727-379-0544

Carina Phone #

CR2E034 (10/02)