

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 90182 001 ***150.00

DOCUMENT # P02000093738

1. Entity Name
DISCOUNT CALENDARS, INC.



Principal Place of Business
**8019 WESTMINSTER ABBY RD.
C/O N. KASSAR
ORLANDO FL 32835**

Mailing Address
**8019 WESTMINSTER ABBY RD.
C/O N. KASSAR
ORLANDO FL 32835**



2. Principal Place of Business

8019 Westminister Abbey Blvd

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8019 Westminister Abbey Blvd.

Suite, Apt. #, etc.

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0792367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASSAR, NADIA

8019 WESTMINSTER ABBY RD

ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

8019 Westminister Abbey Blvd.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

N. Kassar

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

(NOTE: Registered Agent signature required when reinstating)

3/31/03

DATE

FILE NOW!!! 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KASSAR, NADIA**
STREET ADDRESS **8019 WESTMINSTER ABBY RD**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8019 Westminister Abbey Blvd.**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CR2E034 (10/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03.

Date

Daytime Phone #