


FILED
Jun 30, 2003 8:00 am
Secretary of State

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6/5/21

06-05-2003 90130 044 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P02000122384
1. Entity Name	

DISCOUNT RACING, INC.

DO NOT WRITE IN THIS SPACE

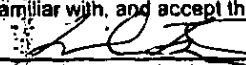
55056181

2. Principal Place of Business 4746 WHISPERING WIND AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33614	Country USA

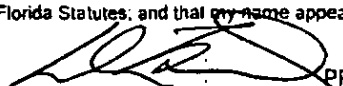
DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0447944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	David Brend
	Street Address (P.O. Box Number is Not Acceptable)	4746 Whispering Wind Ave
	City	Tampa, FL
	FL	Zip Code 33614

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 	DATE 6/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State	

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID BREND 4746 WHISPERING WIND AVE TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHRYN DELROSE BREND 4746 WHISPERING WIND AVE TAMPA, FL 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
5/27/2003	(813) 299-8011
Date	Daytime Phone #