

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90143 004 \*\*\*158.75

DOCUMENT # P93000042744

1. Entity Name

DISCOUNT SHIPPING, INC.

Principal Place of Business

225 TAMiami TRAIL SOUTH  
NOKOMIS FL 34275  
US

Mailing Address

225 TAMiami TRAIL SO.  
NOKOMIS FL 34275-3104  
US

2. Principal Place of Business

303 Tamiami Trail South  
Suite, Apt. #, etc. A

3. Mailing Address

P.O. Box 7789  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NOKomis, FL

City & State

North Port, FL

4. FEI Number

65-0416651

Applied For

Not Applied For

Zip

Country

34275 USA

Zip

Country

34287 USA

5. Certificate of Status Desired

A

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINDYKOWSKI, TERRY  
225 TAMiami TRAIL SO  
NOKOMIS FL 34275

Name

Terry Mindykowski

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

303 Tamiami Trail South STE A

City

NOKomis

FL

Zip Code

34275

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

Terry F. Mindykowski

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-00

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, 2000 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  
NAME MINDYKOWSKI, TERRY  
STREET ADDRESS 225 S TAMiami TL  
CITY-ST-ZIP NOKOMIS FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Terry F. Mindykowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terry F. Mindykowski 9416294808