

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90110 040 ***150.00

0467270 AV

DOCUMENT # P93000082933

Entity Name

DISCOVERY LEASING & MANAGEMENT, INC.

Principal Place of Business

**ONE 23RD AVE
INDIAN ROCKS BEACH FL 33785
US**

Mailing Address

**ONE 23RD AVE
INDIAN ROCKS BEACH FL 33785
US**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business

3. Mailing Address

2841 LA CONCHA DR**2841 LA CONCHA DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER, FL

4. FEI Number

59-3219923

Applied For

Not Applicable

Zip

33762

Country

U.S.

Zip

33762

Country

U.S.5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWANDT, WILLIAM**ONE 23RD AVE
INDIAN ROCKS BEACH FL 33785**

Name

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

2841 LA CONCHA DR.

City

CLEARWATER**FL**

Zip Code

33762

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHWANDT, ELLEN	1 23RD AVE	INDIAN ROCKS BCH FL 33785	<input type="checkbox"/>
VPS	SCHWANDT, WILLIAM	1 23RD AVE	INDIAN ROCKS BCH FL 33785	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

William Schwandt**KP/s****2-5-02****727-561-9416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)