

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90095 048 ***150.00

DOCUMENT # P95000083529

1. Entity Name

DISCOUNT TRANSMISSION CENTER INC.

AAA DISCOUNT TRANSMISSION INC.

Principal Place of Business

Mailing Address

**1080 COMMERCIAL WAY
 SPRING HILL FL 34610**

**1080 COMMERCIAL WAY
 SPRING HILL FL 34606-5314**

2. Principal Place of Business

10706 COUNTY LINE RD

3. Mailing Address

10706 COUNTY LINE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

FL

4. FEI Number

59-3344565

Applied For

Not Applicable

Zip

34667

Country

PA SCO

Zip

34667

Country

PA SCO

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BORRACK, WILLIAM M
 1080 COMMERCIAL WAY
 SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

Name

JOHN FERDINAND

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

10706 COUNTY LINE ROAD

City

HUDSON

FL

Zip Code

34667

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

4-7-00

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** ☒ Delete
 NAME **BORRACK, WILLIAM M**
 STREET ADDRESS **8001 BRIGHTON DR.**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Delete
 NAME **FERDINAND, JOHN**
 STREET ADDRESS **5040 WATERSIDE DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT & TREASURER** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-7-00

727-819-2599

Date

Daytime Phone #

JOHN FERDINAND