

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90152 021 \*\*\*163.75

**DOCUMENT # P96000041470**

1. Entity Name

**DISCOUNT MAX, INC.**

Principal Place of Business

Mailing Address

1049 KINGS AVENUE  
 JACKSONVILLE FL 32207

1049 KINGS AVENUE  
 JACKSONVILLE FL 32207-8311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2164 GILMORE ST.**

**2164 GILMORE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT 2**

**APT. 2**

City & State

City & State

**JACKSONVILLE, FL**

**JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32204**

**DUVAL**

**32204**

**DUVAL**

4. FEI Number

**59-3105997**

Applied For

Not Applicable

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

Name

**ROBIN LUMB**

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

**2164-1 GILMORE ST.**

City

**JACKSONVILLE**

**FL**

Zip Code

**32204**

**ROCKER, CHARLES L JR**  
**3014 HORATIO STREET**  
**TAMPA FL 33609**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCKER, CHARLES L JR.</b>	NAME	
STREET ADDRESS	<b>2919 SANTIAGO STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUMB, ROBIN T</b>	NAME	
STREET ADDRESS	<b>2164 GILMORE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/00**

CR2E034 (9/99)