2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

Principal Place of Business

2. Principal Place of Business

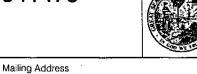
2164 GILMORE STREET

Suite, Apt. #, etc.

JACKSONVILLE FL 32204

P96000041470

DISCOUNT MAX, INC.



2164 GILMORE STREET

3. Mailing Address

Suite, Apt. #, etc.

JACKSONVILLE FL 32204

FILED Apr 16, 2003 8:00 am Secretary of State

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04-16-2003 90295 015 ***150.00 ☐ CHECK HERE IF MAKING CHANGES

City & State		Oity & State		4. FEIT	4. FEI Number En 240E007		pplied Foi
				59-3105997			ot Applicable
Zip	Country	Zip	Country	1 5 Continue to a Statue Deciror 1 1		\$8.75 Add	
	6. Name and Address of Current		7. Name and Address of New Registered Agent				
WIND DO	Name	Name					
LUMB, RO 2164-1 GII	lmore street	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	VILLE FL 32204	À					
	ge."		City			FL Zip Cod	le
	named entity submits this statement folions of registered agent.	or the purpose of changing it	s registered office or regis	tered agent,	or both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE 2	<u> </u>	·					
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstat	ng)	DATE	
After Make Check	er cucx	ارة.	Election Campaign Financial Trust Fund Contribution.)0 May Be d to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITI	ONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME	D LUMB, ROBIN T	☐ Delete	TITLE			Change	Addition
STREET ADDRESS CITY-ST-ZIP	2164-1 GILMORE ST JACKSONVILLE FL 32204	45	STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	. TITLE			☐ Change	Addition
NAME STREET ADDRESS		A THE RESERVE AND THE PERSON AND THE	NAME		Samuel and Samuel		_
CITY-ST-ZIP			CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				ľ
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exemption stated in my signature shall have th	Section 119.0 e same legal)7(3)(i), Florida Statutes. I furth effect as if made under oath: t	ier certify that the in that I am an officer	nformation 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

4/12/03 904-610-8811