

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90328 002 ***150.00

DOCUMENT # P96000043745

1. Entity Name
DISCOVERY GROUP, INC.



Principal Place of Business
506 ORANOLE RD.
MAITLAND FL 32751
US

Mailing Address
506 ORANOLE RD.
MAITLAND FL 32751
US



2. Principal Place of Business

3. Mailing Address

391 RADEBAUGH CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

Zip

Country

Zip

Country

32779 USA

4. FEI Number

59-3393279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, LARRY D
506 ORANOLE RD.
MAITLAND FL 32751

Name

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

391 RADEBAUGH CT.

City

LONGWOOD

FL

Zip Code

32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LARRY MOORE
Signature, typed or printed name of registered agent and title if applicable.

Larry Moore
(NOTE: Registered Agent signature required when reinstating)

4/20/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **MOORE, LARRY**
STREET ADDRESS **506 ORANOLE RD.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☒ Change ☐ Addition
NAME **391 RADEBAUGH CT.**
STREET ADDRESS **LONGWOOD, FL 32779**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **MOORE, LARRY**
STREET ADDRESS **506 ORANOLE RD.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
NAME **391 RADEBAUGH CT.**
STREET ADDRESS **LONGWOOD, FL 32779**
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 389-0407
Date Daytime Phone #

CR2E034 (10/02)