

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007654

1. Entity Name
DISCOVER SOFTWARE INC.

Principal Place of Business
412 HARBORVIEW LANE
LARGO FL 33770

Mailing Address
412 HARBORVIEW LANE
LARGO FL 33770

2. Principal Place of Business
601 Cleveland Street

3. Mailing Address
SAME AS PRINCIPAL

Suite, Apt. #, etc.
Suite 930

Suite, Apt. #, etc.
PLACE of Business

City & State
Clearwater, FL

City & State

Zip
33755

Country
USA

Zip

Country

4. FEI Number 59-3430100

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

GILLIAM, PHILLIP P
412 HARBOR VIEW LANE
LARGO FL 33770

Name

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

City

FL

Zip Code

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 Phillip P. Gilliam, President 8/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
GILLIAM, PHILLIP
412 HARBOR VIEW LANE
LARGO FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Phillip Gilliam
President
601 Cleveland Street, Suite 930
Clearwater, FL 33755 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GREGORY Johnson
VICE PRESIDENT
601 Cleveland Street, Suite 930
Clearwater, FL 33755 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: GREGORY G. JOHNSON, VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/06/01
Date

(727) 467-0899
Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 043 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)