## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # P97000042647 Apr 19, 2000 8:00 am Secretary of State DISCOVERY SYSTEMS, INC. 04-19-2000 90098 001 \*\*\*150.00 Mailing Address Principal Place of Business 5271 BROOK COURT 5271 BROOK COURT ORLANDO FL 32811-6727 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLS, GEORGE Y JR Street Address (P.O. Box Number is Not Acceptable) 5271 BROOK COURT ORLANDO FL 32811 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \*\*FILE NOW!!! FEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE MILLS, GEORGE Y JR NAME NAME 5271 BROOK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and tratty of the corporation or the receiver or trustee empowered to execute his epople changed, or on an attachment with an address, with an other like empowered. required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NTED NAME OF SIGNING OFFICER OR PIRECTOR