2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 8:00 am Secretary of State

DOCUMENT # P9700054838 1. Entity Name DISCOUNT MOBILITY OF FLORIDA, INC.			(03-12-200	90027	036 ***1	50.00	
Principal Plac 2065 12TH S SARASOTA, F	STREET	US	Mailing Address 2045 12TH STREE SARASOTA, FL 342			400		ij 28 8 Btill 2181	R1 E188 31181 18	18 8) 1881
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01232008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State	City & State		4. FEI Number 65-0357	026			plied For t Applicable	
Zip • ·		Country	Zip	Country	/	5. Certificate of			8.75 Add ee Require	itional
	6. Name	and Address of Curren	t Registered Agent		Neme	7. Name and A	ddress of New R	legistered A	gent	
KUSHIM, I 2045 12TH SARASOT	STREET				Name Street Address	ss (P.O. Box Number	is Not Acceptable	ə) 		
				-	City			FL	Zip Code	9
			for the purpose of changin	g its registered	office or regis	stered agent, or both,	in the State of Fk	orida. I am fa	amiliar with,	and accept
the obligat	tions of regis		ni and title if applicable 9. Election Car	Dean /	V Kush	,	in the State of Flo		amiliar with,	
the obligat	tions of registre. typed E NOW!!! ay 1, 200!	ered agent. Land. Mag or printed name of registered agen FEE IS \$150.00	9. Election Cal Trust Fund (Dean / (NOTE: Registered /	V Kush	Lind when reinstating) 5.00 May Be Added to Fees	in the Stale of Flo	3/	5/08	
SIGNATURE SIGNATURE After Mi 10. ISTLE NAME STREET ADDRESS	E NOW!!! ay 1, 2008 P KUSHIM, 2045 12TI	or printed name of registered ages FEE IS \$150.00 B Fee will be \$550 OFFICERS ANI DEAN H STREET	9. Election Cal Trust Fund (Dean / (NOTE: Reg-stared / mpaign Financ Contribution.	V Kush	Lind when reinstating) 5.00 May Be Added to Fees		3/ DATE	5/08	
the obligat SIGNATURE_ FIL After Mi 10. TITLE NAME	E NOW!!! ay 1, 2008 P KUSHIM, 2045 12TI	or printed name of registered ages FEE IS \$150.00 B Fee will be \$550 OFFICERS AN	9. Election Car Trust Fund 0	Dean / (NOTE: Regatered / mpaign Financ Contribution. 11. TITLE NAME STREET CITY-S TITLE NAME	N KLISP Nogorit & grature requirements ing A ADDRESS T-ZIP ADDRESS	Lind when reinstating) 5.00 May Be Added to Fees		3/ DATE	5/08	G IN 11
THE OBLIGATION OF THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	E NOW!!! ay 1, 2008 P KUSHIM, 2045 12TI	or printed name of registered ages FEE IS \$150.00 B Fee will be \$550 OFFICERS ANI DEAN H STREET	9. Election Cat Trust Fund 0 D DIRECTORS	Dean / (NOTE: Regatered / mpaign Financ Contribution. 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS T-ZIP	Lind when reinstating) 5.00 May Be Added to Fees		3/ DATE	5/08 DIRECTORS	S IN 11
THE OBLIGATION OF THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	E NOW!!! ay 1, 2008 P KUSHIM, 2045 12TI	or printed name of registered ages FEE IS \$150.00 B Fee will be \$550 OFFICERS ANI DEAN H STREET	9. Election Car Trust Fund (D DIRECTORS	Dean / (NOTE: Regatered / Inote:	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Lind when reinstating) 5.00 May Be Added to Fees		ATE	DIRECTORS Change Change	S IN 11 Addition Addition
THE OBLIGATION OF THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P KUSHIM, 2045 12TI SARASOT	or printed name of registered ages FEE IS \$150.00 B Fee will be \$550 OFFICERS ANI DEAN H STREET	9. Election Car Trust Fund (D DIRECTORS Delete	Dean / (NOTE: Regatored / Inote:	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	Lind when reinstating) 5.00 May Be Added to Fees		ATE	DIRECTORS Change Change	S IN 11 Addition Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Dean N Kushim 315 108 941-953-4308
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Displace

Displa

STREET ADDRESS

CITY-ST-ZIP

40043539

#P97000054838

FLOREDA				
	Department OF Corpo	NT OF STATE RATIONS	Sunbiz	
Home	Contact Us	E-Filing Services	Document Searches	Forms I
	1186 d 176	Phillip (No No Poul No	100 julius ir 2000 ir 2000 is paleikasioninininininininininininininininininin	
Annua	l Report O	nline Filing		
Document N				
Business Er	ntity Name DISCO	UNT MOBILITY OF FLC	ORIDA, INC.	
FEI Number	65 - 035702	6		
	**** . • • • • • • • • • • • • • • • • •	MALA CHICAGO		
FEI Number	Status Listed A	Above O Applied For (Not Applicable	
Certificate o	f Status Desired(Yes No \$8.75	each	
Election Can	npaign Financing	Trust Fund Contribution	on 🕜 Yes 🔘 No	
		Trust Fund Contribution	on ⊘ Yes ⊚ No	
Principal	Place of Busi	ness		
Principal Address	Place of Busi 2065 12Th	ness	on ⊘ Yes ⊚ No (PO Box not accep	itable)
Principal Address Suite, Apt. #	Place of Busi 2065 12Th , etc.	ness H STREET	(PO Box not accep	rtable)
Principal Address Suite, Apt. # City, State	Place of Busi 2065 12Th , etc.	ness H STREET		itable)
Principal Address Suite, Apt. # City, State Zip Code & 0	Place of Busi 2065 12Th , etc. SARASOT	ness H STREET	(PO Box not accep	rtable)
Principal Address Suite, Apt. # City, State Zip Code & G	Place of Busi 2065 12TH , etc. SARASOT Country 34237 ddress	ness H STREET TA US	(PO Box not accep	
Principal Address Suite, Apt. # City, State Zip Code & 0 Mailing A If your mailin	Place of Busi 2065 12TH , etc. SARASOT Country 34237 ddress ng address is the s	ness H STREET TA US	(PO Box not accep	
Principal Address Suite, Apt. # City, State Zip Code & (Mailing A If your mailing	Place of Busi 2065 12TH , etc. SARASOT Country 34237 ddress ng address is the s	ness H STREET TA US us us use as the principal a	(PO Box not accep	
Principal Address Suite, Apt. # City, State Zip Code & (Mailing A If your mailing Mailing a	Place of Busi 2065 12TH , etc. SARASOT Country 34237 ddress ng address is the saddress. ddress same as pr	ness H STREET TA US us us use as the principal a	(PO Box not accep	
Principal Address Suite, Apt. # City, State Zip Code & (Mailing A If your mailing your mailing Mailing a Address	Place of Busi 2065 12Th , etc. SARASOT Country 34237 ddress address is the s address. ddress same as pr	ness H STREET US ame as the principal a	(PO Box not accep	
Principal Address Suite, Apt. # City, State Zip Code & (Mailing A If your mailing your mailing Mailing a Address Suite, Apt. #	Place of Busi 2065 12Th , etc. SARASOT Country 34237 ddress address is the s address. ddress same as pr	ness H STREET TA US same as the principal a rincipal address H STREET	(PO Box not accept	
Principal Address Suite, Apt. # City, State Zip Code & C Mailing A If your mailing Mailing a Address Suite, Apt. # City, State	Place of Busi 2065 12TH , etc. SARASOT Country 34237 ddress address is the s address. ddress same as pr 2045 12TH , etc. SARASOT	ness H STREET TA US same as the principal a rincipal address H STREET	(PO Box not accep	
Principal Address Suite, Apt. # City, State Zip Code & (Mailing A If your mailing Mailing a Address Suite, Apt. # City, State Zip Code & (Place of Busi 2065 12TH 2065 12TH 2065 12TH 2065 12TH 2045 12TH 20	ness H STREET TA US same as the principal a rincipal address H STREET	(PO Box not acception of the second s	

, DEAN

Business to serve as RA

Name (Last, First, Middle, Title) KUSHIM

			
• , , , , , , , , , , , , , , , , , , ,	#P97000	054838	,
Street Address In Florida	045 12TH STREET		(PO Box not acceptable)
Suite, Apt. #, etc.	CANADA IN INCIDENTAL AND A STATE OF THE STAT	an an annual an an annual part an anglishe 1931	
City, State	SARASOTA	, FL	
Zip Code & Country	4237 US		
If there is a change in registered agent, Signature' block below to accept the de name. If the RA is a business entity, an its own RA.	signation of registered agent. F	RA signature must be	e an individual
Registered Agent Signature	The state of the s		
This signature must be that of the in the full knowledge and permission of s.831.06, Florida Statutes.			
Officer/Director Name Ar	d Address		
Name And Address #1			
Title	P		
Name (Last, First, Middle, Title)	KUSHIM	, DEAN	
- OR -	.		ş
Entity Name to serve as Officer/D	irector		
Street Address	2045 12TH STREE	:Т	
City, State	SARASOTA	, FL	
Zip Code & Country	34237		
Name And Address #2			
Title	ar .		
Name (Last, First, Middle, Title)			
- OR -	g = manus N d	- 1	- 10 Martine Marie
Entity Name to serve as Officer/D	irector		
Street Address	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
City, State	f		
Zip Code & Country	The second secon		•• •••••
Name And Address #3			

Title