

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2002 8:00 am
Secretary of State

0502789 AV

DOCUMENT # P97000076213

1. Entity Name

DISC-US BOOKS, INC.

04-12-2002 90002 023 ***150.00

Principal Place of Business

**4010 SAWYER CT.
STE B
SARASOTA FL 34233
US**

Mailing Address

**4010 SAWYER CT.
STE B
SARASOTA FL 34233
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4219 MORNING PLACE

Suite, Apt. #, etc.

3. Mailing Address

4219 MORNING PLACE

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0780817

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRUPIN, ELIZABETH
4010 SAWYER CT.
STE B
SARASOTA FL 34233**

7. Name and Address of New Registered Agent

Name **TRUPIN, ELIZABETH**
Street Address (P.O. Box Number is Not Acceptable)
4219 MORNING PLACE
City **SARASOTA FL** Zip Code **34231**

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

Elizabeth Trupin

ELIZABETH TRUPIN, ST

4/2/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	TRUPIN, JAMES E	
STREET ADDRESS	4010 SAWYER CT. - #B	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TRUPIN, ELIZABETH	
STREET ADDRESS	4010 SAWYER CT. - #B	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIN, JAMES E	
STREET ADDRESS	4219 MORNING PLACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIN, ELIZABETH	
STREET ADDRESS	4219 MORNING PLACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Elizabeth Trupin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH TRUPIN

4/2/02

941-929-1063

Date

Daytime Phone #

CR2E034 (9/01)