

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082855

Entity Name

Disc Consulting, Inc.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91325 030 ***150.00

Principal Place of Business
P. O. Box 551260
Jacksonville, FL 32255
Mailing Address
P. O. Box 551230
Jacksonville, FL 32255

Principal Place of Business

3. Mailing Address

P. O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number 59-3471096

Applied For
Not Applicable

Zip Country

Zip 32255 Country

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

DO NOT WRITE IN THIS SPACE

C0067221

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ansbacher, Lawrence V.
5150 Belfort Road
Building 100
Jacksonville, FL 32256

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete LE ME Haggerty, Scott STREET ADDRESS 912 Seawood Drive Y-ST-ZIP Neptune Beach, FL 32266	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME Haggerty, Diane STREET ADDRESS 912 Seawood Drive Y-ST-ZIP Neptune Beach, FL 32266	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

