

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011042

1. Entity Name  
DISCOUNTS R US, INC.

R

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90002 013 \*\*\*150.00

Principal Place of Business  
1808 NEW BEDFORD DR.  
SUN CITY CENTER FL 33573

Mailing Address  
1808 NEW BEDFORD DR.  
SUN CITY CENTER FL 33573



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEE Number

59 3556 371

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MANLEY, WILLIAM C  
1808 NEW BEDFORD DR.  
SUN CITY CENTER FL 33573

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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: Pres  
NAME: WILLIAM C MANLEY  
STREET ADDRESS: 1808 New Bedford Dr.  
CITY-ST-ZIP: Sun City Center, FL 33573

TITLE: Sec. Treas.  
NAME: Janet A MANLEY  
STREET ADDRESS: 1808 New Bedford Dr.  
CITY-ST-ZIP: Sun City Center, FL 33573

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:   
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (5/00)

Attachment  
D# P990000110-12  
00071226

**Discounts R Us. Inc.**  
PO Box 5152  
Sun City Center, FL 33571-5152  
813-642 9604  
Fax 810-279-4058  
July 10, 2000

Uniform Business Report  
PO Box 1500  
Tallahassee, FL 32302

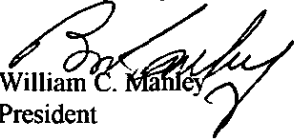
Re: UBR Filing

Gentlemen:

Enclosed is UBR form completed and our company check for \$150.00 for filing fee. This represents the first time we have been contacted to fill out this form.

I trust you will find the above in order.

Yours very truly,

  
William C. Mahley  
President