

2002
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90036 015 ***150.00

DOCUMENT # P99000015152

1. Entity Name

Discountland, Inc.

DO NOT WRITE IN THIS SPACE

823286

2. Principal Place of Business

2101 Corporate Blvd

3. Mailing Address

2101 Corporate Blvd

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

Suite 107

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton FL

4. FEI Number

650896274

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

M & W Agents, Inc

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

2101 Corporate Blvd

Suite, Apt. #, etc.

Suite 107

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
 IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PO
NAME	Lonnie Kantor
STREET ADDRESS	2101 Corporate Blvd Suite 107
CITY - ST - ZIP	Boca Raton, FL 33431
TITLE	VP
NAME	Gregory Kantor
STREET ADDRESS	2101 Corporate Blvd Suite 107
CITY - ST - ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

705-541-1021

Daytime Phone #

CR2E034B (12/01)