

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90017 036 ***158.75

DOCUMENT # P99000042781

1. Entity Name
DISCOUNT SOFTWARE CORPORATION

Principal Place of Business Mailing Address

1885 SHORE DR.S.#424 **1885 SHORE DR..S.#424**
S. PASADENA FL 33707 **S. PASADENA FL 33707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

733 TAM O SHANTER AVE **P.O. BOX 5447**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

SUN CITY CENTER **SUN CITY CENTER**

Zip Country Zip Country

33573 **USA** **33571-5447** **USA**

4. FEI Number Applied For

59-3579320 Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, JOEL B
1885 SHORE DR.,S.#424
S. PASADENA FL 33707

7. Name and Address of New Registered Agent

Name **COHEN, JOEL B.**

Street Address (P.O. Box Number is Not Acceptable)
733 TAM O SHANTER AVE.

City State Zip Code

SUN CITY CENTER **FL** **33573**

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 **JOEL B. COHEN** DATE **1/12/02**

Signature (Typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible - Tax filing requirement and elects to do so.

- 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	COHEN, JOEL B
STREET ADDRESS	1885 SHORE DR S #424
CITY-ST-ZIP	SAINT PETERSBURG FL 33707
TITLE	COB <input type="checkbox"/> Delete
NAME	COHEN, TINA
STREET ADDRESS	1885 SHORE DR S #424
CITY-ST-ZIP	SAINT PETERSBURG FL 33707
TITLE	<input type="checkbox"/> Delete
NAME	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	733 TAM O SHANTER AVE.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	733 TAM O SHANTER AVE.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
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: **SIGNATURE REQUIRED: JOEL B. COHEN** DATE **1/7/02** DAYTIME PHONE # **813-633-6868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)