

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 049 ***150.00

DOCUMENT # V10985

1. Entity Name
DISCOUNT SOLAR SALES & SERVICE, INC.



Principal Place of Business
1673 NOTTINGHAM DR.
WINTER PARK FL 32792
US

Mailing Address
1673 NOTTINGHAM DR.
WINTER PARK FL 32792
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3113976

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BEAMAN, A. WAYNE
1673 NOTTINGHAM DR.
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name BRETT J BEAMAN
Street Address (P.O. Box Number is Not Acceptable) 1673 Nottingham Dr
City Winter Park FL 32792

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAMAN, A. WAYNE	
STREET ADDRESS	1673 NOTTINGHAM DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	BEAMAN, BRETT J	
STREET ADDRESS	1673 NOTTINGHAM DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)