

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90146 016 \*\*\*150.00

DOCUMENT # **P00000029120**

1. Entity Name  
**COUPON GRAPHICS, INC.**



Principal Place of Business  
**12811 KENWOOD LANE, SUITE 215  
FT MYERS FL 33907**

Mailing Address  
**12811 KENWOOD LANE, SUITE 215  
FT MYERS FL 33907**



2. Principal Place of Business  
**6710 WINKLER ROAD**

3. Mailing Address  
**6710 WINKLER ROAD**

Suite, Apt. #, etc.  
**SUITE 5**

Suite, Apt. #, etc.  
**SUITE 5**

City & State  
**FORT MYERS FL**

City & State  
**FORT MYERS FL**

Zip Country  
**33919 USA**

Zip Country  
**33919 USA**

4. FEI Number **65-0997615** 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**

**7. Name and Address of New Registered Agent**

**SANDLIN, CAROLE  
12811 KENWOOD LANE, SUITE 215  
FT MYERS FL 33907**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6710 WINKLER ROAD SUITE 5**  
City **FORT MYERS** FL Zip Code **33919**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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  Delete  
NAME **PD MARLOWE, JACK**  
STREET ADDRESS **12811 KENWOOD LANE, SUITE 215**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **6710 WINKLER ROAD, SUITE 5**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE  Delete  
NAME **S MCQUINN, RONALD**  
STREET ADDRESS **12811 KENWOOD LANE, SUITE 215**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **6710 WINKLER ROAD, SUITE 5**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/28/03** Daytime Phone # **(889) 275-5225**

CR2E034 (10/02)