

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90021 002 ***150.00

DOCUMENT # P98000079718

1. Entity Name

THE COUPON COMPANY

Principal Place of Business

Mailing Address

**3721 LIBERTY SQUARE
 FORT MYERS FL 33908**

**3721 LIBERTY SQUARE
 FORT MYERS FL 33908-4147**

2. Principal Place of Business

5606 MONTILLA DR

3. Mailing Address

5606 MONTILLA DR

Suite, Apt. #, etc. :

Suite, Apt. #, etc.

City & State

Ft. MYERS FL

City & State

Ft. MYERS, FL

4. FEI Number

65-0998715

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANEY, JAMES V
 3721 LIBERTY SQUARE
 FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	VAN FRANEY, JAMES	
STREET ADDRESS	3721 LIBERTY SQUARE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANEY, PATRICK K	
STREET ADDRESS	3721 LIBERTY SQUARE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANEY, WALTER T IV	
STREET ADDRESS	185 NEWBURY ROAD	
CITY-ST-ZIP	HOWELL NJ 33908	
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 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		
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:

James V. Franey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00
 Date

941-482-6405
 Daytime Phone #

CR25031 (0/00)