

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020863

1. Entity Name
SHOPPERS GUIDE.COM, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90408 035 ***150.00

Principal Place of Business
4000 HOLLYWOOD BOULEVARD
SUITE 265-S
HOLLYWOOD FL 33021

Mailing Address
4000 HOLLYWOOD BOULEVARD
SUITE 265-S
HOLLYWOOD FL 33021

80057865



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 Alice Avenue
Suite, Apt. #, etc.

3. Mailing Address
300 Alice Avenue
Suite, Apt. #, etc.

City & State
Stuart FL
Zip 34994 Country USA

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Stuart FL
Zip 34994 Country USA

4. FEI Number 65-0999654
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EISINGER, DENNIS J
4000 HOLLYWOOD BOULEVARD
SUITE 265-S
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name Nicole Miceli
Street Address (P.O. Box Number is Not Acceptable)
300 Alice Ave.
City Stuart FL Zip Code 34994

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 *Nicole Miceli*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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, 2001 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
NAME NICELI, NICOLE
STREET ADDRESS 8794 S.E. RIVERFRONT TERRACE
CITY-ST-ZIP TEQUESTA FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Nicole Miceli
STREET ADDRESS 300 Alice Ave.
CITY-ST-ZIP Stuart FL 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Nicole Miceli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01
Date

692-9454
Daytime Phone #

CR2E034 (10/00)