

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90309 005 ***150.00

DOCUMENT # P00000020863

1. Entity Name
SHOPPERS GUIDE.COM, INC.

Principal Place of Business

**300 ALICE AVENUE
 STUART FL 34994**

Mailing Address

**300 ALICE AVENUE
 STUART FL 34994**

2. Principal Place of Business

**1171 SW Sand Oak Drive
 Suite, Apt. #, etc.**

3. Mailing Address

**1171 SW Sand Oak Dr.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Palm City FL

Zip
34990

Country
USA

City & State
Palm City FL

Zip
34990

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

**MICELI, NICOLE
 300 ALICE AVE
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name
Nicole Miceli
 Street Address (P.O. Box Number is Not Acceptable)
1171 SW Sand Oak Dr.
 City
Palm City **FL** Zip Code
34990

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* DATE 4/30/02
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. ☐
 (See criteria on back)

**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 NAME STREET ADDRESS CITY-ST-ZIP | D NICELI, NICOLE 300 ALICE AVE STUART FL 34994 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1171 SW Sand Oak Palm City FL 34990 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

4/30/02 772-220-1480
 Date Daytime Phone #

CR2E034 (9/01)