

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037619

1. Entity Name

CASH COUPONBOOK, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90149 044 ***150.00

Principal Place of Business

Mailing Address

12811 KNEWOOD LN
#214
FT MYERS FL 33907

242 SW 34TH STREET
CAPE CORAL FL 33914-5032

2. Principal Place of Business

3. Mailing Address

12811 KENWOOD LANE

12811 KENWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 215

SUITE 215

City & State

City & State

FORT MYERS FL

FORT MYERS FL

Zip

Country

Zip

Country

33907

USA

33907

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749113

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARLOWE, JACK
242 SW 34TH STREET
CAPE CORAL FL 33914

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MARLOWE, JACK
CITY-ST-ZIP 242 SW 34TH STREET
CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME VT
STREET ADDRESS MCQUINN, RONALD
CITY-ST-ZIP 2711 E 1ST ST, #401
FORT MYERS FL 33916

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

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

4/14/00
Date

(941) 275-0888
Daytime Phone #

CR2E034 (9/99)