

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90033 031 \*\*\*158.75

**DOCUMENT # P99000068141**

**1. Entity Name**  
**COUPONATION, INC.**

**Principal Place of Business**  
**632 RENAISSANCE PTE.**  
**SUITE 206**  
**ALTAMONTE SPRINGS FL 32714**

**Mailing Address**  
**632 RENAISSANCE PTE.**  
**SUITE 206**  
**ALTAMONTE SPRINGS FL 32714**

**2. Principal Place of Business**  
**4355 WILLOW POND**

**3. Mailing Address**  
**4355 WILLOW POND**

**Suite, Apt. #, etc.**  
**UNIT C**

**Suite, Apt. #, etc.**  
**UNIT C**

**City & State**  
**WEST PALM BEACH, FL**

**City & State**  
**WEST PALM BEACH, FL**

**Zip**  
**33417**

**Country**  
**U.S.**

**Zip**  
**33417**

**Country**  
**U.S.**

**4. FEI Number** **59-3589165**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**AZAMA, CURTIS**  
**632 RENAISSANCE PTE.**  
**SUITE 206**  
**ALTAMONTE SPRINGS FL 32714**

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

**Name** **CURTIS AZAMA**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4355 WILLOW POND**

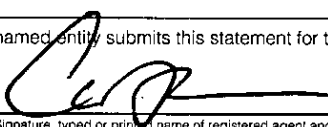
**UNIT C**

**City** **WEST PALM BEACH**

**FL**

**Zip Code** **33417**

**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**  **CURTIS AZAMA**

**2/01/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PCEO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>AZAMA, CURTIS</b>	
<b>STREET ADDRESS</b>	<b>632 RENAISSANCE PTE #206</b>	
<b>CITY-ST-ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>	
<b>TITLE</b>	<b>VPCO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>AZAMA, ANTHONY</b>	
<b>STREET ADDRESS</b>	<b>632 RENAISSANCE PTE #206</b>	
<b>CITY-ST-ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PCEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CURTIS AZAMA</b>	
<b>STREET ADDRESS</b>	<b>4355 WILLOW POND #C</b>	
<b>CITY-ST-ZIP</b>	<b>WPB, FL 33417</b>	
<b>TITLE</b>	<b>VPCO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ANTHONY AZAMA</b>	
<b>STREET ADDRESS</b>	<b>4355 WILLOW POND #C</b>	
<b>CITY-ST-ZIP</b>	<b>WPB, FL 33417</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

 **CURTIS AZAMA**

**2/01/02**

**561-628-6901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)