

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088130

1. Entity Name

INSTANT GROCERY COUPONS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90055 015 \*\*\*550.00

Principal Place of Business

Mailing Address

~~8286 WESTERN WAY CIRCLE, STE. C2-B~~  
JACKSONVILLE FL 32256

~~8286 WESTERN WAY CIRCLE, STE. C2-B~~  
JACKSONVILLE FL 32256-8399



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7751 Belfort Parkway

7751 Belfort Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

Suite 120

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32256

USA

32256

USA

4. FEI Number

59-3609476

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

ELEFANT, FRED  
1650 PRUDENTIAL DR., STE. 105  
JACKSONVILLE FL 32207

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

D  
NAME MASHEK, EDWARD III  
STREET ADDRESS ~~8286 WESTERN WAY CIRCLE, STE. C2-B~~  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 7751 Belfort Parkway, Ste. 120  
CITY-ST-ZIP

TITLE ☐ Delete

D  
NAME MASHEK, EDWARD JR.  
STREET ADDRESS ~~8286 WESTERN WAY CIRCLE, STE. C2-B~~  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 7751 Belfort Parkway Ste 120  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)