

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000088130**

1. Entity Name

INSTANT GROCERY COUPONS, INC.

Principal Place of Business

Mailing Address

**7751 BELFORT PKWY
STE 120
JACKSONVILLE FL 32256****7751 BELFORT PKWY
STE 120
JACKSONVILLE FL 32256**

2. Principal Place of Business

7901 Baymeadows Way

3. Mailing Address

7901 Baymeadows Way

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-3609476

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

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's 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, 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	<input type="checkbox"/> Delete
NAME	MASHEK, EDWARD III	
STREET ADDRESS	7751 BELFORT PKWY., STE 120	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	D	<input type="checkbox"/> Delete
NAME	MASHEK, EDWARD JR.	
STREET ADDRESS	7751 BELFORT PKWY., STE 120	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mashek, Edward III	
STREET ADDRESS	7901 Baymeadows Way, Suite 1	
CITY-ST-ZIP	Jacksonville, FL 32256	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mashek, Edward Jr.	
STREET ADDRESS	7901 Baymeadows Way, Suite 1	
CITY-ST-ZIP	Jacksonville, FL 32256	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0022813

CR2E034 (10/00)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90074 034 ***150.00