

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90055 029 \*\*\*150.00

**DOCUMENT # P99000105458**

1. Entity Name  
**FRUGALFLIER.COM, INC.**

Principal Place of Business  
**621 TEAL AVE  
CELEBRATION FL 34747**

Mailing Address  
**PO BOX 928031  
SAN DIEGO CA 92192-8031**

2. Principal Place of Business  
**350 Sorrento Ranches Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 928031**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

|                                    |                                      |  |   |
|------------------------------------|--------------------------------------|--|---|
| City & State<br><b>Nokomis, FL</b> | City & State<br><b>San Diego, CA</b> | 4. FEI Number<br><b>NOT APPLICABLE</b>                       | Applied For<br><input type="checkbox"/> |
| Zip<br><b>34275</b>                | Zip<br><b>92192</b>                  | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required   |
| Country<br><b>USA</b>              | Country<br><b>USA</b>                |  |   |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>GORDON, VINCENT P<br/>350 SORRENTO RANCHES DR<br/>NOKOMIS FL 34275</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *Vincent P. Gordon* DATE 4-02-01  
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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00-</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CCEP<br/>GORDON, VINCENT P<br/>11131 CORTE MAR DECRISTAL<br/>SAN DIEGO CA 92130</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>LEE, BERNARD<br/>9263 REGENTS RD<br/>LA JOLLA CA 92037</b> <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>CHEN, EDWARD<br/>225 SUNNYSIDE RD -#C2<br/>TAMPA FL 33617</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>TEVEBAUGH, LAURA<br/>4047 TALUS COURT<br/>PEORIA IL 61615</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Vincent P. Gordon* / **VINCENT P. GORDON** 619 846-5226 2-01-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)