

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 034 ***150.00

DOCUMENT # P99000110371

1. Entity Name

AMERICA'S BEST COUPONS, INC. ✓

Principal Place of Business

Mailing Address

P O Box 952751

P O Box 952751

LAKE MARY, FL 32795-2751

LAKE MARY, FL 32795-2751

00056016

2. Principal Place of Business

3. Mailing Address

260 MITLAND AVE

Suite, Apt. #, etc.

Ste. 2000

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS, FL

City & State

4. FEI Number

59-3628406

Applied For

Not Applicable

Zip

32701

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORET, JOHN F
 601 N. ORLANDO AVE. #103
 MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name FORET, JOHN F
 Street Address (P.O. Box Number is Not Acceptable)
 679 Holbrook Circle
 City LAKE MARY FL Zip Code 32746

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]

5-7-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures 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!
After MAY 1, 2001
Fee is \$150.00
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 FORET, JOHN F <input type="checkbox"/> Delete
NAME	601 N. ORLANDO AVE. #103
STREET ADDRESS	MAITLAND, FL 32751
CITY-ST-ZIP	
TITLE	D JENKINS, WARREN E. JR. <input type="checkbox"/> Delete
NAME	601 N. ORLANDO AVE. #103
STREET ADDRESS	MAITLAND, FL 32751
CITY-ST-ZIP	
TITLE	D ISSAC, BRYNLEY E. <input type="checkbox"/> Delete
NAME	601 N. ORLANDO AVE. #103
STREET ADDRESS	MAITLAND, FL 32751
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 FORET, JOHN F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	679 Holbrook Circle
STREET ADDRESS	LAKE MARY, FL 32746
CITY-ST-ZIP	
TITLE	D JENKINS, WARREN E. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 MARKHAM WOODS Rd.
STREET ADDRESS	LONGWOOD, FL 32779
CITY-ST-ZIP	
TITLE	D ISSAC, BRYNLEY E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1351 MARKHAM WOODS Rd.
STREET ADDRESS	LONGWOOD, FL 32779
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:

[Signature]

5-7-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2034 (1/00)