

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91498 008 ****61.25

DOCUMENT # N47899



1. Entity Name
**THE FLORIDA CHAPTER OF THE MARKETING RESEARCH AS
SOCIATION, INC.**

Principal Place of Business
**1655 PALM BEACH LAKES BLVD
STE 203
WEST PALM BEACH FL 33401-2203
US**

Mailing Address
**1655 PALM BEACH LAKES BLVD
STE 203
WEST PALM BEACH FL 33401-2203
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3116150		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SCHLEIFER, BOB 5015 S. FLORIDA AVE STE 301 LAKELAND FL 33813				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, ANN			NAME			
STREET ADDRESS	101 PHILIPPE PARKWAY, STE A			STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL 34695			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALMEIDA, CAROL			NAME			
STREET ADDRESS	1061 E. INDIANTOWN RD, STE 204			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33477			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCANLON, MINDY			NAME			
STREET ADDRESS	4014 GUNN HWY, STE 110			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IANNUCCI, JACKIE			NAME			
STREET ADDRESS	1655 PALM BEACH LAKES BLVD, STE 201			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEAPER, DEBORAH			NAME			
STREET ADDRESS	2290 LUCIEN WAY			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARRIS, ANGELA			NAME			
STREET ADDRESS	2020 N.W. RIVER GLEN AVENUE			STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL 32655			CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROBERT SCHLEIFER* 4/21/03 862-709-0553 x113

CR2E037 (10/02)