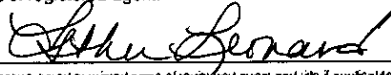
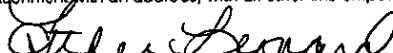


FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90047 036 ****61.25

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

DOCUMENT # N99000001712			
1. Entity Name THE TAMPA BAY CHAPTER OF THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES, INC.			
Principal Place of Business 500 N WESTSHORE BLVD SUITE #435 TAMPA, FL 33609 US		Mailing Address 500 N WESTSHORE BLVD SUITE #435 TAMPA, FL 33609 US	
2. Principal Place of Business NGI		3. Mailing Address 5830 - C W. Cypress St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33607	Country USA	Zip 33607	Country USA
6. Name and Address of Current Registered Agent MORAWA, BRENDA V PE 500 N WESTSHORE BLVD SUITE #435 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name: Esther Leonard Street Address (P.O. Box Number is Not Acceptable): 5830 - C W. Cypress St. City: TAMPA FL Zip Code: 33607	
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:  DATE: 3-3-03 Signature, typewritten or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME DOWNER, KRISTEN STREET ADDRESS P O BOX 272278 CITY-ST-ZIP TAMPA, FL 33688	☒ Delete	TITLE D NAME Corcoran, Shannon STREET ADDRESS 10500 University Ctr. Dr. #155 CITY-ST-ZIP Tampa, FL 33612	☐ Change ☒ Addition
TITLE T NAME MORAWA, BRENDA V STREET ADDRESS 500 N. WESTSHORE BLVD., #435 CITY-ST-ZIP TAMPA, FL 33609	☒ Delete	TITLE T NAME Leonard, Esther STREET ADDRESS 5830 - C W. Cypress St. CITY-ST-ZIP Tampa, FL 33607	☐ Change ☒ Addition
TITLE D NAME HORSTMAN, GEORGE STREET ADDRESS 4905 W LAUREL STREET #105 CITY-ST-ZIP TAMPA, FL 33607	☒ Delete	TITLE D NAME Townsend, Tom STREET ADDRESS 4301 Anchor Plaza Pkwy CITY-ST-ZIP Tampa, FL 33634	☐ Change ☒ Addition
TITLE S NAME MATSON, ROBYN STREET ADDRESS 601 W SWANN AVENUE CITY-ST-ZIP TAMPA, FL 33606	☒ Delete	TITLE S NAME Gibson, Lisa STREET ADDRESS 500 N. Westshore Blvd. #620 CITY-ST-ZIP Tampa, FL 33607	☐ Change ☒ Addition
TITLE V NAME BUTTS, KEITH RE STREET ADDRESS 5801 BENJAMIN CIRCLE #112 CITY-ST-ZIP TAMPA, FL 33634	☒ Delete	TITLE V NAME Kozera, Chester STREET ADDRESS 2300 Curlew Rd. #100 CITY-ST-ZIP Palm Harbor, FL 34683	☐ Change ☒ Addition
TITLE P NAME STAFFORD, JENNIFER STREET ADDRESS 380 PARK PLACE BLVD #300 CITY-ST-ZIP CLEARWATER, FL 33579	☒ Delete	TITLE P NAME Rutan, Lynn STREET ADDRESS 12220 49th St. N. CITY-ST-ZIP Clearwater, FL 33762	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		3-3-03 813-886-8300 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (10/02)

Attachment

80047015
#N99000001712

Additional Directors

D

Jaikaran, Anoop
400 N. Ashley St. #1750
Tampa, FL 33602

D

Fronce, Tom
420 Drew St.
Clearwater, FL 33755

D

Stanisci, Tina
2714 9th St. N.
St. Petersburg, FL 33704

D

Matson, Robin
556 Central Avenue
St. Petersburg, FL 33701