

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90132 049 ***150.00

0420228 AV

DOCUMENT # 416202

1. Entity Name

MERCHANTS ASSOCIATION INFORMATION SERVICES DIVISION INC

Principal Place of Business

C/O RICHARD C. SWIRBUL
 134 SOUTH TAMPA STREET
 TAMPA FL 33602

Mailing Address

C/O RICHARD C. SWIRBUL
 134 SOUTH TAMPA STREET
 TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1448585

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWIRBUL, RICHARD C.
134 SOUTH TAMPA STREET
TAMPA FL 33602

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 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **V**
 CURTIS, FLYNN T.
 STREET ADDRESS **134 SOUTH TAMPA STREET**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 MEADOR, CAROL JO
 STREET ADDRESS **134 S TAMPA ST**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
~~WILLIAMS, JIMMY~~
 STREET ADDRESS **134 SOUTH TAMPA STREET**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME **John S McMullen**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 BOOS, ROBERT
 STREET ADDRESS **19321-C US HWY 19 N**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 SWIRBUL, RICHARD
 STREET ADDRESS **134 SOUTH TAMPA STREET**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 KRATT, MICHAEL I
 STREET ADDRESS **200 N TAMPA ST #118**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

813 273-7703

Daytime Phone #

CR2E034 (9/01)