

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90073 005 ***150.00

OPTIONAL
 AV

DOCUMENT # J47761
 1. Entity Name
MARKET INFORMATION SPECIALISTS, INC.

Principal Place of Business Mailing Address
2674 BARBADOS DR **2674 BARBADOS DRIVE**
WINTER PARK FL 32792 **WINTER PARK FL 32792**
US **US**

80047446



Change effective 4/1/02
 2. Principal Place of Business 3. Mailing Address
2321 Antilles Dr **2321 Antilles Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Winter Park FL **Winter Park FL**
 Zip Country Zip Country
32792 **US** **32792** **US**

4. FEI Number Applied For
59-2742582 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BETTY E FRY THOMAS
2674 BARBADOS DR
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name
Betty E. Fry Thomas
 Street Address (P.O. Box Number is Not Acceptable)
2321 Antilles Dr
 City State Zip Code
Winter Park **FL** **32792**

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 *Betty E Fry Thomas* DATE **3/9/02**
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. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BETTY E FRY 2674 BARBADOS DR WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRY, MARJORIE N 3154 GREENWOOD ST WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2321 Antilles Drive Winter Park FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>as of 4/1/02</small>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Betty E Fry Thomas* **Betty E Fry Thomas** **3/9/02** **407-444-7665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)