

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 19, 2000 8:00 am
Secretary of State

04-11-2000 90025 014 ****70.00

DOCUMENT # N99000000720

1. Entity Name

THE NATIONAL COALITION OF PROFESSIONAL MYSTERY S

Principal Place of Business

Mailing Address

4129 E. BUSCH BLVD., UNIT 10
TAMPA FL 33617

P. O. BOX 311573
TAMPA FL 33690-3573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-359-68-22

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

ROGERS, DAVID
4129 E. BUSCH BLVD., UNIT 10
TAMPA FL 33617

Name **Niccole Rogers**

Street Address (P.O. Box Number is Not Acceptable)
4129 E. Busch Boulevard #10

City **Tampa**

FL

Zip Code
33617

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 **Niccole Rogers - President**

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

(NOTE: Registered Agent signature required when reinstating)

4/5/00

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Delete
NAME **Irene Matthews**
STREET ADDRESS **4129 E. Busch Blvd #10 "D"**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **Vice President** ☐ Delete
NAME **Lisa Pittman**
STREET ADDRESS **4129 E. Busch Blvd #10 "D"**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **President** ☐ Delete
NAME **Niccole Rogers**
STREET ADDRESS **4129 E. Busch Blvd #10**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE **Secretary** ☐ Delete
NAME **Ivelisse Seda**
STREET ADDRESS **4129 E. Busch Blvd #10 "D"**
CITY-ST-ZIP **Tampa, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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)(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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

(813) 984-6907

Daytime Phone #

CR2E037 (9/99)