

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000000720****1. Entity Name****THE NATIONAL COALITION OF PROFESSIONAL MYSTERY SHOPPER
S, INC.****Principal Place of Business**

4129 E. BUSCH BLVD., UNIT 10

TAMPA
33617

FL

Mailing Address

P. O. BOX 311573

TAMPA
33680

FL

2. Principal Place of Business

1313 EAST CONOVER STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

FL

City & State

TAMPA

33680

CountryZip
33603**Country****4. FEI Number****59-3596822****Applied For****Not Applicable****5. Certificate of Status Desired**☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**

ROGERS DAVID

4129 E. BUSCH BLVD., UNIT 10

TAMPA

33617

FL

7. Name and Address of New Registered Agent**Name**

ROGERS NICCOLE M.A.

Street Address (P.O. Box Number is Not Acceptable)

1313 EAST CONOVER STREET

City
TAMPA

FL

Zip Code
33603**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, M. A.****06/18/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS DAVID 1313 EAST CONOVER STREET TAMPA FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS NICCOLE M.A. 1313 EAST CONOVER STREET TAMPA FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PITTMAN LISA 1313 EAST CONOVER STREET TAMPA FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP MATHEWS IRENE 1313 EAST CONOVER STREET TAMPA FL 33603	<input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NICCOLE ROGERS, M.A.**

PD

06/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)