

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000000720

FILED
Jun 06, 2002 8:00 AM
Secretary of State

Entity Name: THE NATIONAL COALITION OF PROFESSIONAL MYSTERY SHOPPERS, INC.

Current Principal Place of Business:

1313 EAST CONOVER STREET
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 311573
TAMPA, FL 33680

New Mailing Address:

FEI Number: 59-3596822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, NICCOLE M.A.
1313 EAST CONOVER STREET
TAMPA, FL 33603

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: MATHEWS, IRENE
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: VPD () Delete
Name: PITTMAN, LISA
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: PD () Delete
Name: ROGERS, NICCOLE M.A.
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: SD () Delete
Name: ROGERS, DAVID
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: TARPLEY, ALENA
Address: 1313 EAST CONOVER STREET
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICCOLE ROGERS

PD

06/06/2002

Electronic Signature of Signing Officer or Director

Date