

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90171 024 ***158.75

DOCUMENT # P97000001465

1. Entity Name
MYSTERY SHOPPERS, INC.



Principal Place of Business
**7320 FARINGTON COURT
ORLANDO FL 32819**

Mailing Address
**7320 FARINGTON COURT
ORLANDO FL 32819**



2. Principal Place of Business

5850 Lakehurst Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

50-01

City & State
Orlando Florida

City & State

4. FEI Number **59-3421696**

Applied For

Not Applicable

Zip
32819

Country
USA

Zip

Country

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

**WEINLAND, JEFFREY T
7320 FARINGTON COURT
ORLANDO FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/10/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB WEINLAND, MARGARET E 7320 FARINGTON COURT ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINLAND, JEFFREY 7320 FARINGTON COURT ORLANDO FL 32819	<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"/> 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)(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 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

2/10/03 401-345-8370
Date Daytime Phone #

CR2E034 (10/02)