

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000000900

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: TEAM NATIONAL PRODUCTS, INC.

Current Principal Place of Business:

4350 OAKES ROAD
SUITE 512
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4350 OAKES ROAD
SUITE 512
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0734685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOEHR, RICHARD
2175 STATE ROAD 84
FORT LAUDERDALE, FL 33312

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOEHR, RICHARD
Address: 2175 STATE ROAD 84
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: C () Delete
Name: LOCHER, MARYLOU
Address: 2175 STATE RD 84
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VTSD () Delete
Name: BOOZER, CAROL L
Address: 2175 STATE RD 84
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: DAVIS, LYNDIA M
Address: 2175 STATE RD 84
City-St-Zip: FT LAUDERDALE, FL

Title: D () Delete
Name: BORR, DOUGLAS
Address: 2175 STATE RD 84
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD L LOEHR

D

04/12/2002

Electronic Signature of Signing Officer or Director

_____ Date