

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2002 8:00 am
Secretary of State

04-03-2002 90179 016 ***150.00

DOCUMENT # **P98000027382**

1. Entity Name
TEAM INSTALLATIONS, INC.

Principal Place of Business
~~2600 MAIN ST, SUITE 303~~
~~SARASOTA FL 34207~~

Mailing Address
2032 MAIN ST, SUITE 088
SARASOTA FL 34237



2. Principal Place of Business
2215 67th ST. COURT E
 Suite, Apt. #, etc.

3. Mailing Address
same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton FL
 Zip
34208

City & State
 Zip
 Country

4. FEI Number **65-0827726** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SABA, RICHARD D.~~
~~2600 MAIN ST, SUITE 303~~
~~SARASOTA FL 34207~~

7. Name and Address of New Registered Agent

Name **Mike Monahan CPA**
 Street Address (P.O. Box Number is Not Acceptable)
6981 Curtiss Ave #6
 City **Sarasota** FL Zip Code **34231**

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: *Michael Monahan CPA* DATE: **4/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEA, DAVID B	
STREET ADDRESS	600 BUNKER CT	
CITY-ST-ZIP	VERNON HILLS IL 60061	
TITLE	P	<input type="checkbox"/> Delete
NAME	TURNER, MARK	
STREET ADDRESS	2215 67TH ST COURT E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)