

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070151

1. Entity Name

TEAM TRICIA, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90074 023 ***150.00

Principal Place of Business

Mailing Address

3100 NORTH EAST 48TH COURT
214

SAME

Lighthouse Point, FL. 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0939942

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A6036171

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAMBEAU, ROBERT E
3100 NE 48TH COURT #214
LIGHTHOUSE POINT, FL. 33064

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.

SIGNATURE

Robert E. Tambeau

03-19-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAMBEAU, ROBERT E	
STREET ADDRESS	3100 NE 48TH COURT #214	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE	VD & SO	<input type="checkbox"/> Delete
NAME	TAMBEAU, PATRICIA	
STREET ADDRESS	3100 NE 48TH COURT #214	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	McDONNELL, DANIEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert E. Tambeau

03-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)