2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77333

1. Entity Name

~~TEAM PERSONNEL, INC.~~
TEAM Information Services, Inc.

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90194 026 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3551 W LAKE MARY BLVD STE 209 LAKE MARY FL 32746 US	3551 W LAKE MARY BLVD STE 209 LAKE MARY FL 32746-3460 US

2. Principal Place of Business		3. Mailing Address	
59 Skyline Drive		59 Skyline Drive	
Suite, Apt. #, etc.: Suite 1100		Suite, Apt. #, etc.: Suite 1100	
City & State: Lake Mary, FL		City & State: Lake Mary, FL	
Zip: 32746	Country: USA	Zip: 32746	Country: USA

4. FEI Number **59-3082665** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MATTHEW M.
2099 ACKOLA POINT
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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 ____________________
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, 2000 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

TITLE	D	☐ Delete
NAME	MOORE, MATTHEW M.	
STREET ADDRESS	2099 ACKOLA POINT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ Delete
NAME	MOORE, TERESA A.	
STREET ADDRESS	2099 ACKOLA POINT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: Teresa A. Moore Teresa A. Moore, Director 3/29/00 407-548-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #