2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$77333** 1. Entity Name TEAM INFORMATION SERVICES, INC.

FILED Apr 19, 2001 8:00 am Secretary of State

					04-19-2001 9	9 0 3 11 04	10 ***150).00
e of Business VE 32746	Mailing Address 59 SKYLINE DRIVE STE 1100 LAKE MARY FL 32746 US			331051				
Principal Place of Business A Mailing Address								
#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS S	PACE	
City & State City &		ity & State		4. F	El Number 59-3082665			oplied For
Country	Zip	Zip Country		5. C	\$8.75 Additional			
6. Name and Address of Curre	nt Registered Agent			7. N	lame and Address of New Re	gistered A	gent	
			Name					İ
MOORE, MATTHEW M. 2099 ACKOLA POINT LONGWOOD EL 22770		Street Address		s (P.O. B	ox Number is Not Acceptable)		
3WOOD FL 32//9			City			[]	Zip Coc	de .
				ired when re		DATE		
Tax filing requirement and elects to do so. (See criteria on back) After MAY Make Check P		2001 Fee v	001 Fee will be \$550.00 ple to Department of Sta			ution. Added to Fees		
1	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN: 11
MOORE, MATTHEW M. 2099 ACKOLA POINT	☐ Delete	NAME STREE	ET ADORESS				☐ Change	Addition \
D MOORE, TERESA A. 2099 ACKOLA POINT	☐ Deiete	NAME STRES	ET AODRESS				Change	☐ Addition
	☐ Delete	NAME STRE	ET ADDRESS				☐ Change	Addition
	☐ Dalete	NAMI STR€	E ET ADDRESS				☐ Change	☐ Acdition
	☐ Delate	NAM STRE	E ET ADDRESS				☐ Change	Addition
	☐ Delete	TITLE NAM					☐ Change	Addition
	#, etc. Country 6. Name and Address of Curre RE, MATTHEW M. ACKOLA POINT GWOOD FL 32779 e named entity submits this statement Signature, typed or or medinane of registered agree or attorn is eligible to satisfy its Intang requirement and elects to do so. Fig. OFFICERS A D MOORE, MATTHEW M. 2099 ACKOLA POINT LONGWOOD FL 32779 D MOORE, TERESA A. 2099 ACKOLA POINT LONGWOOD FL 32779	Synature, typed or or mad name of registered agent and title if applicable. Some on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the satisfy its Intangible requirement and elects to do so wife on back of the	Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. Signature, typed or or mod name of registered agent and title if applicable. (NOTE: Registered After MAY 1, 2001 Fee Make Check Payable to De Make Check Payable to De OFFICERS AND DIRECTORS Delete TITLE NAME STRE CITY Delete	Sagnature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. Signature, typed or or mod name of registered agent and still it application. NAME MAY 1, 2001 Fee will be \$55.0. Make Check Payable to Department of Signature and still it application. Delete ITILE NAME SIRET ADDRESS CITY-ST-ZIP Delete ITILE NAME SIRET ADDRESS CITY-ST-ZIP Delete STILE STILET ADDRESS CITY-ST-ZIP Delete STILET ADDRESS CITY-ST-ZIP	Separative typed or or road name of registered agent and title statement for the purpose of changing its registered Agent in product or the organization is eligible to satisfy its intangible requirement and elects to do so into or back) Deficers And Directors Mailing Address WE 59 SYUNE DRIVE STE 1100 LKE MART PL 32748 US Sace of Business A. Mailing Address A. Fel Number 59-3082665 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Re RE, MATTHEW M. ACKOLA POINT SWOOD FL 32779 City Pramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fio After MAY 1, 2001 Fee will be \$55.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Deate MOORE, MATTHEW M. 2099 ACKOLA POINT LONGWOOD FL 32779 Deate Deate TILE NOW. STREET ADDRESS STREET ADDR	Be of Business We Servine DRIVE STE 100 LAYE MARY PL 32746 USE STEEL COUNTY Zip Country 3. Mailing Address Government of Status Desired Country Zip Country 3. Name and Address of Current Registered Agent Name RE, MATTHEW M. ACKOLA POINT SWOOD FL 32779 City City File NoW!!! FEE IS S150.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 F	Servicine DRIVE 32748 See of Business 3. Mailling Address 4. FEI Number 59-3082665 Are Country Country Zio Country Zio Country Sire 4. A FEI Number 59-3082665 Are Name and Address of Current Registered Agent RE, MATTHEW M. ACKOLA POINT SWOOD FI. 32779 City Sirest Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City Sirest Address (P.O. Box Number is Not Acceptable) File Royal File Royal File Street Address of Royal Registered Agent File Royal File Street Address of Sixts Desired File Royal File Street Address of Sixts Desired File Royal File Street Address of Royal Registered Agent Ack OLA Point Sixtest Address (P.O. Box Number is Not Acceptable) File Royal File Street Address of File Royal File Street Address of Royal Registered Agent Ack OLA Point Desce Ack of Royal File Royal File Street Acceptable to Department of State Ack of Royal File Royal File Street Acceptable to Department of State Acceptable to Dep	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-548-6315