

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 493546**

1. Entity Name

TEAM RESOURCES, INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90245 001 ***317.50

Principal Place of Business

**830 SOUTH THIRD ST
STE 104
JACKSONVILLE FL 32250
US**

Mailing Address

**830 SOUTH THIRD ST
STE 104
JACKSONVILLE BCH FL 32250
US****23660**

2. Principal Place of Business

3. Mailing Address

202 20th Ave N
Suite, Apt. #, etc.**202 20th Ave N**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach FL

4. FEI Number

59-1642810

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCIVOR, DORTHY
830 SOUTH THIRD ST
STE 104
JACKSONVILLE FL 32250**

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 **Dorthy McIvor****President + Dorthy McIvor 01/17/01**

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	P	<input type="checkbox"/> Delete
NAME	MCIVOR, DORTHY	
STREET ADDRESS	519 OCEAN FRONT SUITE 6	
CITY-ST-ZIP	NEPTUNE BCH. FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	KERNAN, MARK C.	
STREET ADDRESS	133 LANE ST	
CITY-ST-ZIP	NEPTUNE BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	MCIVOR, DORTHY	
STREET ADDRESS	519 OCEAN FRONT, SUITE 6	
CITY-ST-ZIP	NEPTUNE BCH. FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: **Dorthy McIvor****Dorthy McIvor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

904-247-8326

Daytime Phone #

CR2E034 (10/00)