2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700093167 Feb 15, 2001 8:00 am Secretary of State 1. Entity Name TEAM PLUS MANAGEMENT, INC. 02-15-2001 90092 038 ***155.00 Principal Place of Business Mailing Address 10052 SHADYWOOD PLACE 10052 SHADYWOOD PLACE BOYNTON BEACH FL 33437-1365 BOYNTON BEACH FL 33437-1365 10755 PALM LAKE AUE 2. Principal Place of Business 3 3. Mailing Address ALM LAKE AL 10755 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State BoyN70N City & State 4. FE! Number Applied For 65-0792143 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ALM Beit Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDRICKSON FREDRICKSON, ERIC B Street Address (P.O. Box Number is Not Acceptable) 10052 SHADYWOOD PL. **BOYNTON BEACH FL 33437** PALM 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. ENCE FREDRICKSON FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) IX. Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Delete TITLE FREPRICKSON FREDRICKSON, JOAN M NAME NAME 10755 FALM LAKE AVE BOYNTON BCH FL 33437-2 10052 SHADYWOOD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437-1365** CITY-ST-ZIP TITLE Delete TITLE FREDRICKSON ERICB FREDRICKSON, ERIC B NAME NAME 10052 SHADYWOOD PLACE 10755 PALM LAKE AUE BOYNTON-BOH FE STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437-1365 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 lij

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ECICBFREDRICKSON