

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F09486

1. Entity Name

MARKETEAM, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90086 039 ***150.00

Principal Place of Business

1005 W PLATT SUITE 1
TAMPA FL 33606

Mailing Address

1005 W PLATT SUITE 1
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2043696

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARLOWE, STEPHEN D.
1 HARBOUR PLACE
TAMPA FL 33602

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, 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 PDS
NAME HALBER, ARNY
STREET ADDRESS 11205 DONNEYSMOOR
CITY-ST-ZIP RIVERVIEW FL

TITLE D
NAME GIORIA J. HALBER
STREET ADDRESS 11205 DONNEYSMOOR
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNY HALBER

Date

Daytime Phone #

4/3/01 813 2518708

CR2E034 (10/00)