

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90416 013 ***150.00

DOCUMENT # F94000005758

1. Entity Name
TEAM REALTY SERVICES, INC.



Principal Place of Business
**125 BASIN STREET
SUITE 210
DAYTONA BEACH FL 32114
US**

Mailing Address
**4225 NAPERVILLE ROAD
C/O BUDGET RENT A CAR
LISLE IL 60532
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3274378**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTIR, MARK	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAM, THOMAS L	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ABBOTT, KATHERINE L	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	SD	<input type="checkbox"/> Delete
NAME	APRATI, ROBERT L	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	S	<input type="checkbox"/> Delete
NAME	APRATI, ROBERT L	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L. Kram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Kram, V.P.

Date

630-955-1900
Daytime Phone #

CR2E034 (10/02)