04/29/2002 MON 17:07 FAX 256 539 2690 CRABTREE,SNELLGROVE,ROWE 5/2

FILED
Jul 31, 2002 8:00 am
Secretary of State

05-21-2002 91189 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005247

1. Entity Name
Team Saleslady, Inc.

DO NOT WRITE IN THIS SPACE

40251

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 665	P.O. Box 665
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32790 Country: USA	Zip: 32790 Country: USA

4. FEI Number: 63-0847503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Michelle Van Dyke
Street Address (P.O. Box Number is Not Acceptable): 707 Nicolet Ave Ste. 101
City: Winter Park FL Zip Code: 32789

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: Michelle Van Dyke 7-29-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	Van Dyke, Michelle	NAME	
STREET ADDRESS	707 Nicolet Ave. Ste. 101	STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789-4630	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Van Dyke, David	NAME	
STREET ADDRESS	707 Nicolet Ave. Ste. 101	STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789-4630	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michelle Van Dyke Pres. Michelle Van Dyke 4-30-02 407-628 5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL323B1P.1