

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91377 031 ***150.00

DOCUMENT # G78060

1. Entity Name
THE DESIGN TEAM ASSOCIATES, INC.



Principal Place of Business
**1120 PINELLAS BAYWAY
SUITE 112
TIERRA VERDE FL 33715**

Mailing Address
**1120 PINELLAS BAYWAY
SUITE 112
TIERRA VERDE FL 33715**

2. Principal Place of Business

267 MONTE CRISTO BLVD

3. Mailing Address

267 MONTE CRISTO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TIERRA VERDE FL

City & State
TIERRA VERDE FL

4. FEI Number
59-2370280

Applied For
☐ Not Applicable

Zip

Country

33715

USA

Zip

Country

33715

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

**GREEN, CAROL
874 3RD AVE SOUTH
TIERRA VERDE FL 33715**

Name

GREEN, CAROL (SAME)

Street Address (P.O. Box Number is Not Acceptable)

267 MONTE CRISTO BLVD

City

TIERRA VERDE

FL

Zip Code

33715

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

Carol Green, Pres
Signature, typed or printed name of registered agent and title if applicable

CAROL GREEN, PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

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** ☐ Delete
NAME **GREEN, CAROL**
STREET ADDRESS **874 3RD AVE S**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CAROL GREEN**
STREET ADDRESS **267 MONTE CRISTO BLVD**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE ~~XXXXXXXXXXXX~~ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SAM GREEN**
STREET ADDRESS **267 MONTE CRISTO BLVD**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MICHAEL CAPOTRIO**
STREET ADDRESS **8060 22ND AVE. N**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Carol Green, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL GREEN, PRES 4-23-03

Date

7-27-804-20-80

CR2E034 (10/02)