

FILED


03 JUN 18 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000003437

1. Entity Name  
VETTEAM, LLC



Principal Place of Business  
7785 OAKHURST ROAD  
SEMINOLE, FL 33776

Mailing Address  
7785 OAKHURST ROAD  
SEMINOLE, FL 33776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULER, TIMOTHY C  
9075 SEMINOLE BLVD.  
SEMINOLE, FL 33772

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete

MGRM TOLLON, DAVID C

STREET ADDRESS 7785 OAKHURST ROAD

CITY-ST-ZIP SEMINOLE, FL 33776

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

MGRM SCHUBERT, CAROL

STREET ADDRESS 7785 OAKHURST ROAD

CITY-ST-ZIP SEMINOLE, FL 33776

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

300020965859  
06/18/03--01030--001 \*\*50.00

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete

STREET ADDRESS


CITY-ST-ZIP

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE  DATE 6/4/03 727-391-9784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)