

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90086 017 ***150.00

0012168 AV

DOCUMENT # L07935

1. Entity Name
TOTAL TEAMWARES, INC.



Principal Place of Business
**805 S. ORLANDO AVENUE
SUITE D
WINTER PARK FL 32789
US**

Mailing Address
**805 S. ORLANDO AVENUE
SUITE D
WINTER PARK FL 32789
US**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0142149**

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

**BARTON, RAUB E
3527 WEEPING WILLOW WAY
CHRISTMAS FL 32709**

Name
BARTON, RAUB E.
Street Address (P.O. Box Number is Not Acceptable)
722 S. RANGER BLVD
City
WINTER PARK FL Zip Code
32792

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VP RAUB, BARTON E. 3527 WEEPING WILLOW WAY ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAUB, AMY B 3527 WEEPING WILLOW WAY ORLANDO FL 32817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: BARTON E. RAUB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARTON E. RAUB

8/16/03 407 644-1333

Daytime Phone #

CR2E034 (4/03)



80138959
#207935

August 17, 2003

To Whom It May Concern:

This report is the first one we have received this year. Please waive the late fee due to problems with our mail delivery and the fact that our accountant's office burned down with all of our records in it. If you have any questions, please contact Barbara Watkins, C.P.A. at 1603 Cougar Court, Winter Springs, FL 32708, 407-365-9831.

Sincerely,

A handwritten signature in cursive script, appearing to read "Barton E. Raub".

Barton E. Raub
Vice President