

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90126 046 ****61.25

DOCUMENT # N01000006924

1. Entity Name
3D T.E. A. M. FOUNDATION, INC.



Principal Place of Business

**ONE SOUTH ORANGE AVE
SUITE 304
ORLANDO FL 32801**

Mailing Address

**ONE SOUTH ORANGE AVE
SUITE 304
ORLANDO FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-1807746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMPLETE BUSINESS SOLUTIONS, INC.
1805 CANOVER ST., #2
PALM BAY FL 32909**

Name

complete business solutions, inc.

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

1805 CANOVER ST #2

City

Palm Bay

FL

Zip Code

32909

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

4-30-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, DENNIS E JR	
STREET ADDRESS	9832 LAUREL VALLEY DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLYFIELD, CHRIS	
STREET ADDRESS	756 CORONA AVE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DARLENE	
STREET ADDRESS	7319 BRIARLYN COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, VAUGHN	
STREET ADDRESS	9832 LAUREL VALLEY DR	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CYNTHIA HUNGER	
STREET ADDRESS	2317 PATTYCKIRNE	
CITY-ST-ZIP	Palm Bay FL 32905	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLYFIELD CHRIS	
STREET ADDRESS	756 CORONA AVE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	OV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLYFIELD ANN	
STREET ADDRESS	756 CORONA AVE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM KRIKE	
STREET ADDRESS	1 SOUTH ORANGE AVE STE 304	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 617, 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:

SIGNATURE REQUIRED

April 30 2003 (407) 650-0081

CR2E037 (10/02)