

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90008 047 \*\*\*150.00

**DOCUMENT # P00000091319**

1. Entity Name

**TEAM ONCO, INC.**

Principal Place of Business

**2625 MCCORMICK DR., #104  
CLEARWATER FL 33759**

Mailing Address

**2625 MCCORMICK DR., #104  
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3678608**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, THOMAS B ESQ.  
150 SECOND AVE. N., #1100  
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEISLER, ROBERT</b>	
STREET ADDRESS	<b>624 BELLE ISLE AVE.</b>	
CITY-ST-ZIP	<b>BELLEAIR FL 34634</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRODSKY, NORMAN</b>	
STREET ADDRESS	<b>1346 PRESERVATION WAY</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROSEN, JOSEPH</b>	
STREET ADDRESS	<b>776 1ST COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAUWITZ, MICHAEL</b>	
STREET ADDRESS	<b>4761 HAMPTON COURT</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORBERGS, D. ANDA</b>	
STREET ADDRESS	<b>5200 ENCLAVE DR.</b>	
CITY-ST-ZIP	<b>OLDSMAR FL 34677</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTE, IDELFIA</b>	
STREET ADDRESS	<b>3516 WOODRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, TIMOTHY</b>	
STREET ADDRESS	<b>529 OLD OAK CIRCLE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTE, IDELFIA</b>	
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Idelfia Marte*  
**Idelfia Marte**

Date

**1/15/01**

Daytime Phone #

**121-784-6779**

CR2E034 (10/00)