

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90004 044 ***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

3155 N McMullen Booth Rd

Suite, Apt. #, etc.

3. Mailing Address

3155 N McMullen Booth Rd

Suite, Apt. #, etc.

City & State

Clearwater, FL 33761-2008

City & State

Clearwater, FL 33761-2008

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, 2002 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 **D** ☐ Delete
NAME **GEISLER, ROBERT**
STREET ADDRESS **624 BELLE ISLE AVE.**
CITY-ST-ZIP **BELLEAIR FL 34634**

TITLE **D** ☐ Delete
NAME **BRODSKY, NORMAN**
STREET ADDRESS **1346 PRESERVATION WAY**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **ROSEN, JOSEPH**
STREET ADDRESS **776 1ST COURT**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Delete
NAME **GAUWITZ, MICHAEL**
STREET ADDRESS **4761 HAMPTON COURT**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **NORBERGS, D. ANDA**
STREET ADDRESS **5200 ENCLAVE DR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **MARTE, IDELFIA**
STREET ADDRESS **3516 WOODRIDGE PLACE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (9/01)