

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099137

1. Entity Name

TEAM TWO THOUSAND & BEYOND, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90285 028 ***150.00

Principal Place of Business

35 DOLPHIN DRIVE SP.
TREASURE ISLAND FL 33706

Mailing Address

P O BOX 66205
ST PETERSBURG FL 33736

Beach

B0037672



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

35 Dolphin Drive

Suite, Apt. #, etc.

City & State
St. Petersburg Beach

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1666067

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, ROBIN
35 DOLPHIN DRIVE SP.
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

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

35 Dolphin Drive

City

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

Robin Barrett

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

1/10/01

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 \$553.00
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	PD	<input type="checkbox"/> Delete
NAME	JUSTIN, WILLIAM	
STREET ADDRESS	8343 BAYSHORE DR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUSTIN, ROCHELLE	
STREET ADDRESS	8343 BAYSHORE DR	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JUSTIN, ROCHELLE	
STREET ADDRESS	35 DOLPHIN DRIVE SP.	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robin Barrett	
STREET ADDRESS	35 Dolphin Drive	
CITY - ST - ZIP	Treasure Island, FL 33706	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Robin Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 7273689502

Date

Daytime Phone #

CR2E034 (10/00)