

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91282 014 ***150.00

MA1740 AV

DOCUMENT # P00000099137

1. Entity Name
TEAM TWO THOUSAND & BEYOND, INC.

Principal Place of Business
**35 DOLPHIN DRIVE
 TREASURE ISLAND FL 33706**

Mailing Address
**P O BOX 66205
 ST PETERSBURG BEACH FL 33736**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10557 Blossom Lake Dr.

Suite, Apt. #, etc.

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Seminole, FL

City & State

Zip
33772

Country
USA

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
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
10557 Blossom Lake Dr.

City
Seminole

FL

Zip Code
33772

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* DATE 4/23/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robin Barrett 10557 Blossom Lake Dr Seminole, FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **REQUIRED** DATE 4/23/02 DAYTIME PHONE # 727369502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)