

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90506 021 ***150.00

DOCUMENT # P00000099137

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



Principal Place of Business
10557 BLOSSOM LAKE DRIVE
SEMINOLE FL 33772

Mailing Address
10557 BLOSSOM LAKE DRIVE
SEMINOLE FL 33772

2. Principal Place of Business

8343 BAYSHORE DR.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 66205
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

TREASURE ISLAND, FL

City & State

St. Pete Beach, FL

4. FEI Number

59-1666067

Applied For

Not Applicable

Zip

Country

33706

Pinellas

Zip

Country

33736

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRETT, ROBIN
10557 BLOSSOM LAKE DRIVE
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name

WILLIAM JUSTIN

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

8343 BAYSHORE DRIVE

City

TREASURE ISLAND

FL

Zip Code

33706

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

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

(NOTE: Registered Agent signature required when reinstating)

4/24/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. 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 | S | <input type="checkbox"/> Delete |
| NAME | BARRETT, ROBIN | |
| STREET ADDRESS | 10557 BLOSSOM LAKE DRIVE | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | |
| 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 | | |

11. 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 | |
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| 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

William Justin
NOTARIFIED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date
727/367-2994
Daytime Phone #

CR2E034 (10/02)