

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90014 001 ***150.00

DOCUMENT # P00000110484

1. Entity Name

TEAM ENERGY ASSOCIATES, INC.

Principal Place of Business

2781 W STATE RD 434
 LONGWOOD FL 32779-4880

Mailing Address

2781 W STATE RD 434
 LONGWOOD FL 32779-4880

2. Principal Place of Business

148 MARITIME DR

Suite, Apt. #, etc.

3. Mailing Address

148 MARITIME DR

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

USA

City & State

SANFORD, FL

Zip

32771

Country

USA

4. FEI Number

X 59-3699340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, LANCE D
2781 W STATE RD 434
LONGWOOD FL 32779-4880

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. **X** OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete

NAME **VON A. PLOURDE**
 STREET ADDRESS **148 MARITIME DRIVE**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **VICE PRESIDENT** ☐ Delete

NAME **JASON V. PLOURDE**
 STREET ADDRESS **148 MARITIME DRIVE**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **VICE PRESIDENT** ☐ Delete

NAME **MICHAEL BRENNAN**
 STREET ADDRESS **148 MARITIME DR**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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, and all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

407-302-0001
 Daytime Phone #

CR2E034 (10/00)