

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046891

1. Entity Name
TOTAL TEAM CONSTRUCTION MANAGEMENT, INC.Principal Place of Business
13776 LILAC PL
WELLINGTON FL 33414

Mailing Address

13776 LILAC PL
WELLINGTON FL 334142. Principal Place of Business
13776 Lilac Place

3. Mailing Address

13776 Lilac Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington, Fl.City & State
Wellington, Fl.

Zip

Zip

33414

33414

Country

USA

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

GOUSHAW, MICHAEL A
13776 LILAC PL
WELLINGTON FL 33414

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GOUSHAW, MICHAEL A
STREET ADDRESS 13776 LILAC PL
CITY-ST-ZIP WELLINGTON FL 33414 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE V
NAME MORTON, CORKY
STREET ADDRESS 3720 S 55TH AVE
CITY-ST-ZIP LAKE WORTH FL 33463 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change 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:

Michael Goushaw 4/13/02 (561) 718-9075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

3350
3350
3350