

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003090

1. Entity Name  
T.E.A.M. USA INC.

Principal Place of Business

820 B BELL ROAD  
SARASOTA FL 34240  
US

Mailing Address

820 B BELL ROAD  
SARASOTA FL 34240  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4134 GULF OF MEXICO DR.

STE 302

LONGBOAT KEY, FL

34248

USA

6. Name and Address of Current Registered Agent

MAHONEY, PAUL  
820 B BELL RD  
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

JOEL W. WALTERS

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

WALTERS, LEVINE, BROWN

1515 RINGLING BLVD, STE 900

City

SARASOTA

FL

Zip Code

34236

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. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME P  
STREET ADDRESS MAHONEY, PAUL  
CITY-ST-ZIP 4604 COUNTRY MANOR DR  
SARASOTA FL

TITLE ☒ Delete  
NAME C  
STREET ADDRESS COLES, DERICK  
CITY-ST-ZIP 2210 KARA CT  
SARASOTA FL

TITLE ☒ Delete  
NAME S  
STREET ADDRESS COLES, JASON  
CITY-ST-ZIP 2210 KARA CT  
SARASOTA FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BROWN, ANTHONY  
CITY-ST-ZIP 4134 GULF OF MEXICO DR  
LONGBOAT KEY FL

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

04/27/01



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90033 014 \*\*\*150.00