

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077718

1. Entity Name  
T&S TEAM, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90004 038 \*\*\*150.00

Principal Place of Business

4709 DISTRIBUTION DT.  
STE 10  
ORLANDO FL 32817 32822

Mailing Address

4709 DISTRIBUTION DT.  
STE 10  
ORLANDO FL 32817 32822

2. Principal Place of Business

4709 Distribution Court

3. Mailing Address

Same as on left

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

City & State

Orlando

City & State

Zip

32822

Country

USA

Zip

Country

4. FEI Number

59-3338044

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TANG, FUQIAN  
10629 VIA DEL SOL  
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

Same as on left

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

Fy - Ty

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

(NOTE: Registered Agent signature required when reinstating)

7/20/2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PTSD (FUQIAN)  
RUIZAN, TANG  
10629 VIA DEL SOL  
ORLANDO FL 32817

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2000

Date

407-380-0012

Daytime Phone #

Attachment  
D# 0950057718  
0075077



**TS TEAM INCORPORATED**  
**DEPENDABLE CO<sub>2</sub> LASERS**

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July 20, 2000

Florida Department of State  
Division of Corporation  
Uniform Business Report Filing

Ref: T&S Team, Inc., FEI# 59-3338044

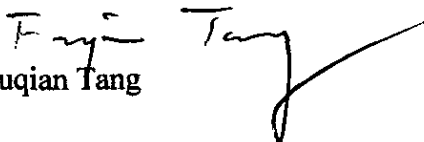
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Dear Sir/Madam:

We hope that you will waive the penalty because we never received the first notice from you (~~see attached~~). We suspect that the first notice never got to us because the zip code of the mailing address is not quite right.

Due to the above reason, we have only included \$150 with this report. Thanks in advance for your kind consideration!

Sincerely,

  
Fuqian Tang