

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA6000021487**

1. Entity Name

the Teamworks Personnel, Inc.

Principal Place of Business

Mailing Address

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90125 035 ***150.00

2. Principal Place of Business

4915 W. Cypress Street

3. Mailing Address

4915 W. Cypress Street

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

Suite 130

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33607

Country

U.S.A.

Zip

33607

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3370899

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Steven P. Riley

3333 Henderson Blvd. #150

Tampa FL 33609

7. Name and Address of New Registered Agent

Name

Steven P. Riley

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

4805 W. Laurel St. Suite 230

City

Tampa

FL

33607

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, 2000 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 **D** ☐ Delete
NAME **Hopkins, Kenneth L**
STREET ADDRESS **4775 Butterfly Pl. NE**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE **D** ☐ Delete
NAME **Reinhardt Frank B.**
STREET ADDRESS **4775 Butterfly Pl. NE**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition
NAME **CHARLES J. CARRON**
STREET ADDRESS **124 STROPER CIR NE**
CITY-ST-ZIP **ST PETERSBURG FL 33707**

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

TITLE ☐ Change ☐ Addition
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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

KENNETH L HOPKINS 4/24/00 813-286-2830

Date

Daytime Phone #

CR2E034 (9/99)