

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062979

1. Entity Name

TEAMWORKS GROUP, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 048 ***558.75

Principal Place of Business

Mailing Address

~~1900 NW 8TH STREET~~
~~BOCA RATON FL 33480~~

~~1600 S. DIXIE HWY.~~
~~BOCA RATON FL 33480~~

2. Principal Place of Business

1600 S. Dixie Hwy.
 Suite, Apt. #, etc.
503

3. Mailing Address

1600 S. Dixie Hwy.
 Suite, Apt. #, etc.
503

City & State
Boca Raton, FL.

City & State
Boca Raton, FL.

4. FEI Number **65-0684378**

Applied For
 Not Applicable

Zip
33432

Country
USA

Zip
33432

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PARKER, NANCY~~
~~1900 NW 8TH STREET~~
~~BOCA RATON FL 33480~~

Name **NANCY PARKER WRIGHT**
 Street Address (P.O. Box Number is Not Acceptable)

1600 S. Dixie Hwy., # 503

City **Boca Raton, FL** Zip Code **33432**

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 Nancy Parker Wright
 Signature, typed or printed name of registered agent and title if applicable.

8/25/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PARKER, NANCY**
 STREET ADDRESS ~~1900 NW 8TH STREET~~ **1600 S. Dixie Hwy., #503**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Clemon P. Wright**
 STREET ADDRESS **1600 S. Dixie Hwy., #503**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **T** ☐ Delete
 NAME **PARKER, NANCY**
 STREET ADDRESS ~~1900 NW 8TH STREET~~ **1600 S. Dixie Hwy., #503**
 CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
 NAME **NANCY PARKER WRIGHT**
 STREET ADDRESS **1600 S. Dixie Hwy., #503**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **NANCY PARKER WRIGHT**
 STREET ADDRESS **1600 S. Dixie Hwy., #503**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: Nancy Parker Wright, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/00
 Date

(561) 750-5118
 Daytime Phone #