FILED

≈2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

YPED OR PRINTED NAME OF SI

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P96000062979 TEAMWORKS GROUP, INC. 04-13-2001 90061 039 ***150.00 Principal Place of Business Mailing Address 1600 S DIXIE HWY 1600 S DIXIE HWY #503 **BOCA RATON FL 33432** BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address 00 V 600 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Э itv & State 4. FEI Number Applied For 65-0684378 Not Applicable Coulntry \$8.75 Additional 5. Certificate of Status Desired. Fee Required= 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, NANCY 1600 S DIXIE HWY #503 **BOCA RATON FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 3R2E034 (10/00) PROSI LOUT Change Change ☐ Addition ☐ Delete TITLE TITLE NANCY PARKER WRIGHT 1600 S. DIXU HWY. 9#112 BOCA RATION, FL. 33432 PARKER, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 1600 S DIXIE HWY #503 CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL 33432 Change ☐ Addition ☐ Delete TITLE TRESINEN TITLE NANCY PARKER WRIGHT PARKER, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 1600 S DIXIE HWY #503 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL.33432 Boca Ratin, FL. TITLE Change ☐ Addition ☐ Delete TITLE NAME WRIGHT, CLEMON P NAME STREET ADDRESS 1600 S DIXIE HWY #503 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

CER OR DIRECTOR