

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

05-14-2001 90022 049 \*\*\*150.00

**DOCUMENT # P96000080688**

1. Entity Name  
**TEAM GUI, INC.**

Principal Place of Business <b>15624 EASTBOURN DRIVE          ODESSA FL 33556</b>	Mailing Address <b>15624 EASTBOURN DRIVE          ODESSA FL 33556</b>
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2. Principal Place of Business <b>2823 COBBLESTONE DR</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>1</b>	Suite, Apt. #, etc.
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City & State <b>PALM HARBOR FL</b>	City & State
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Zip <b>34684</b>	Country <b>USA</b>	Zip	Country
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4. FEI Number <b>59-3402006</b>	Applied For <input type="checkbox"/> Not Applicable
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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

**SMITH, A.D.  
 15624 EASTBOURN DRIVE  
 ODESSA FL 33556**

Name <b>A. D. SMITH</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2951 CYPRESS GREEN DR</b>
City <b>PALM HARBOR FL</b>
Zip Code <b>34684</b>

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]* **A.D. SMITH** DATE **4/22/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, ANDREW S 15624 EASTBOURN DRIVE ODESSA FL 33556</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ANDREW D SMITH 2823 COBBLESTONE DR PALM HARBOR FL 34684</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, JILL P 15624 EASTBOURN DRIVE ODESSA FL 33556</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **A.D. SMITH** DATE **4/22/01** DAYTIME PHONE # **727 773 9030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE