

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019472

1. Entity Name

TEAM SPEC INC.

**FILED**  
Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90140 040 \*\*\*150.00

Principal Place of Business

540 S. MAITLAND AVE..STE.107  
MAITLAND FL 32751

Mailing Address

540 S. MAITLAND AVE..STE.107  
MAITLAND FL 32751-5673

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3418859

Applied For

Not Applicable

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

BROWN, MARTIN  
1314 WEST HARVARD STREET  
ORLANDO FL 32804

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BROWN, MARTIN  
CITY-ST-ZIP 1314 W. HARVARD STREET  
ORLANDO FL 32804

TITLE ☐ Change ☒ Addition  
NAME Sec/Tres.  
STREET ADDRESS Paul Wood  
CITY-ST-ZIP 13001 Jewelstone way  
Orlando, FL 32828

TITLE ☐ Delete  
NAME V  
STREET ADDRESS SVENDBY, KEITH  
CITY-ST-ZIP 588 HEATHERTON VILLAGE  
ALTAMONTE SPRINS FL 32714

TITLE ☒ Change ☐ Addition  
NAME N  
STREET ADDRESS Keith Svendby  
CITY-ST-ZIP 111 Slade Drive  
Longwood, FL 32750

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

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

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

4073302617

CR2E034 (9/99)