

2000 UNIFORM BUSINESS REPORT (UBR)

(Amended)

APPROVED
AND
FILED

DOCUMENT # P98000011074

1. Entity Name

TEAM Title INC.

00 AUG -4 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15 Cypress Branch Way, Suite 203.
Palm Coast, FL 32164.

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

59-3493438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Nicole R. Gibbs
15 Cypress Branch Way
Suite 203
Palm Coast, FL 32164

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	TEAM TITLE INC. Treasurer <input type="checkbox"/> Delete
NAME	DAVID D. GIBBS
STREET ADDRESS	15 Cypress Branch Way, Suite 203
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	SANDRA M. McQUEENOTT
STREET ADDRESS	15 Cypress Branch Way, Suite 203
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	Vice-President <input checked="" type="checkbox"/> Delete
NAME	MARK VAST
STREET ADDRESS	15 Cypress Branch Way, Suite 203
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	Vice-President Secretary <input type="checkbox"/> Delete
NAME	Nicole R. Gibbs
STREET ADDRESS	15 Cypress Branch Way, Suite 203
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	DS <input checked="" type="checkbox"/> Delete
NAME	CARLOS PINTO
STREET ADDRESS	15 Cypress Branch Way, Suite 203
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	4000003368184--8
TITLE	-08/23/00--01016-013 <input type="checkbox"/> Addition
NAME	*****61.25 *****61.25
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Sandra M. McQueenott, President

5-31-00 (904) 445-2100

Date

Daytime Phone #

CR2E034 (9/99)