

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 21, 2002 8:00 am
Secretary of State

04-03-2002 90179 016 ***150.00

DOCUMENT # P98000027382

1. Entity Name

TEAM INSTALLATIONS, INC.

Principal Place of Business

**2888 MAIN ST. SUITE 303
 SARASOTA FL 34207**

Mailing Address

**2032 MAIN ST. SUITE 688
 SARASOTA FL 34237**

2. Principal Place of Business

2215 67th ST. COURT E

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

same

Zip

34208

Country

Zip

Country

4. FEI Number

65-0827726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SABA, RICHARD D.

2888 MAIN ST. SUITE 303

SARASOTA FL 34207

7. Name and Address of New Registered Agent

Name

Mike Monahan CPA

Street Address (P.O. Box Number is Not Acceptable)

6981 Curtiss Ave #6

City

Sarasota

FL

Zip Code

34231

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

Michael Monahan CPA

4/23/02

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. ☐

FILE NOW!!! FEE IS \$150.00

**After May 1, 2002 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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SHEA, DAVID B**
 CITY-ST-ZIP **600 BUNKER CT
 VERNON HILLS IL 60061**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TURNER, MARK**
 CITY-ST-ZIP **2215 67TH ST COURT E
 BRADENTON FL 34208**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)