

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90194 032 ***150.00

DOCUMENT # P98000037881

1. Entity Name

TEAM MANAGEMENT OF TAMPA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3816 W. LINEBAUGH AVE

3. Mailing Address

3816 W. LINEBAUGH AVE

Suite, Apt. #, etc.

SUITE 114

Suite, Apt. #, etc.

SUITE 114

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3505660

Applied For

Not Applicable

Zip

33624

Country

HILLSBOROUGH

Zip

33624

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BILL W SEBREE

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

3901 WILLOW TREE PL

City

TAMPA

FL

Zip Code

33624

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR	BILL W SEBREE	3901 WILLOW TREE PL TAMPA FL 33624	
DIRECTOR	SUSAN H SEBREE	3901 WILLOW TREE PL TAMPA FL 33624	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: BILL W SEBREE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

813 264-6719

Telephone

CR2E034B (12/01)