2001 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P98000050648 TEAMSPIRIT ENTERPRISES, INC. 04-19-2001 90057 037 ***150.00 Principal Place of Business Mailing Address 99600 OVERSEAS HIGHWAY 99600 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 60048865 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0840842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KYRIACETHYS, ROSS Street Address (P.O. Box Number is Not Acceptable) 99600 OVERSEAS HWY KEY LARGO FL 33037 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change ☐ Addition NAMÉ KYRIACETHYS, ROSS NAME STREET ADDRESS 99600 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 SECRETA RY TITLE Delete ☐ Change **Addition** KYRIACETHYS, ROSS NAME KIRIAKIDIS, MARKOS NAME 99600 OVERSENS HIGHWAY STREET ADDRESS 99600 OVERSEAS HIGHWAY STREET ADDRESS LAR GO, Fl. 33037 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.