

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

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90038 049 \*\*\*150.00

DOCUMENT # P98000078889

1. Entity Name

TAG TEAM CONSULTING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1520 DEERBOURNE DR.

3. Mailing Address

1520 DEERBOURNE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESLEY CHAPEL, FL

City & State

WESLEY CHAPEL, FL

4. FEI Number

31-1603006

Applied For

Not Applicable

Zip

33543

Country

Zip

33543

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

427402

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GLICK, TODD A.

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

1520 DEERBOURNE DR.

City

WESLEY CHAPEL

FL

Zip Code

33543

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) ☐

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

PD

GLICK, TODD A.

1520 DEERBOURNE DR

WESLEY CHAPEL, FL 33543

TITLE

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STREET ADDRESS

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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: *Todd A. Glick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD A. GLICK

Date

*3/6/2002*

(813)973-1008

Daytime Phone #

CR2E034B (12/01)