

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085823

1. Entity Name

TEAM #1, INC.

Principal Place of Business

Mailing Address

5441 HIGHWAY 90
PACE FL 32571

5441 HIGHWAY 90
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FRIZZELL, MARY K
6056 KINGSWOOD DRIVE
MILTON FL 32570

7. Name and Address of New Registered Agent

Name Pasco Gibson, Jr.
Street Address (P.O. Box Number is Not Acceptable)
7008 Dorr Street
City Bagdad FL Zip Code 32530

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 Pasco Gibson, Jr., President

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, 2001 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	DP	<input checked="" type="checkbox"/> Delete
NAME	FRIZZELL, MARY K	
STREET ADDRESS	6056 KINGSWOOD DRIVE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	STDV	<input checked="" type="checkbox"/> Delete
NAME	SCHEFFNER, JUANITA M	
STREET ADDRESS	5748 RIVERA DRIVE	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pasco Gibson, Jr.	
STREET ADDRESS	7008 Dorr Street	
CITY-ST-ZIP	Bagdad, FL 32530	
TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Beach	
STREET ADDRESS	5669 Trevino Drive	
CITY-ST-ZIP	Milton, FL 32530	
TITLE	Secretary / Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary K. Frizzell	
STREET ADDRESS	6056 Kingswood Drive	
CITY-ST-ZIP	Milton, FL 32570	
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: Pasco Gibson, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/2001

Date

(850) 626-0005

Daytime Phone #

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90207 035 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)