

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107283

1. Entity Name

TEAM MUSICAL SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90055 034 ***150.00

Principal Place of Business

Mailing Address

915 HARBOR LAKE DR UNIT D
SAFETY HARBOR FL 34695

915 HARBOR LAKE DR UNIT D
SAFETY HARBOR FL 34695-2314

2. Principal Place of Business

915 Harbor Lake Dr Unit A

3. Mailing Address

915 Harbor Lake Dr Unit A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Safety Harbor FL

City & State

Safety Harbor, FL

Zip

Country

34695

USA

Zip

Country

34695

USA

4. FEI Number

59-3555808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODGERS, REX
915 HARBOR LAKE DR UNIT D
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name: Rodgers, Rex / Calderon, Jody

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

915 Harbor Lake Dr Unit A

City

Safety Harbor, FL

Zip Code

34695

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	RODGERS, REX	
STREET ADDRESS	915 HARBOR LAKE DR UNIT A	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CALDERON, JODY	
STREET ADDRESS	915 HARBOR LAKE DR UNIT A	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody Calderon

Date

Daytime Phone #

4/10/00 (727) 669-8968

CR2E034 (9/99)