

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90100 042 ***150.00

DOCUMENT # P99000042893

1. Entity Name
TEAMBUILDERS, INC.



Principal Place of Business
**1952 S CONGRESS AVE
WEST PALM BEACH FL 33406
DE**

Mailing Address
**1952 S CONGRESS AVE
WEST PALM BEACH FL 33406
DE**



2. Principal Place of Business

315 11th Street

3. Mailing Address

315 11th Street

Suite, Apt. #, etc.

WPA 7L

Suite, Apt. #, etc.

WPA 7L

City & State

33401

City & State

33401

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0927003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DELISO, DIANE
2 BAYTREE CIRCLE
BOYNTON BEACH FL 33462-4913**

7. Name and Address of New Registered Agent

Name

Diane Deliso Stephenson

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

5337 Island Gypsy Drive

Greenacres

City

FL

Zip Code

33463

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. I am familiar with, and accept the obligations of registered agent.

Address change only!
SIGNATURE **DIANE DELISO STEPHENSON**

Diane Deliso Stephenson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PERRY, JOHN C**
STREET ADDRESS **5851 HOLMBERG RD., #711**
CITY-ST-ZIP **PARKLAND FL 33-3067**

TITLE **STD** ☐ Delete
NAME **DELISO, DIANE**
STREET ADDRESS **2 BAYTREE CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL 33462-4913**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **DIANE Deliso Stephenson**
STREET ADDRESS **5337 Island Gypsy Dr.**
CITY-ST-ZIP **Greenacres FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)