

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043347**

1. Entity Name

OUR TEAM PRODUCTS, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90021 011 ***150.00

Principal Place of Business

**815 GAY STREET
TALLAHASSEE FL 32304**

Mailing Address

**P.O. BOX 390
TALLAHASSEE FL 32302**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 10829

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

Zip

Country

Zip

Country

32302**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIELBY, LORENCE J ESQ.
101 E. COLLEGE AVE.
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	SALIE, DOUGLAS R	815 GAY STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Delete			
	D	PETRUZZI, ANTHONY II	815 GAY STREET TALLAHASSEE FL 32304	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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

DOUGLAS SALIE

Date

4-28-01

Daytime Phone #

8509807009

CR2E034 (10/00)