2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **P99000053009** FLORIDA TEAMWORK SERVICES, INC. 03-14-2000 90068 036 ***158.75 Principal Place of Business Mailing Address 2128 S.W. 47TH TER. 2128 S.W. 47TH TER. CAPE CORAL FL 33914-6741 CAPE CORAL FL 33914 DO NOT WRITE IN THIS SPACE Applied For 65-0928014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOHRS GABRIELE HARTWICH, JUERGEN 2128 SW 47TH TERRACE CAPE CORAL FL 33914 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 DATE FILÊ NOW!!! FEE IS \$150.00 ation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <u> ም</u>ታ ን ☐ Addition PTD De'ete TITLE TITLE KOHRS, GABRIELE KOHRS, GABRIELE NAME NAME 1314 Cape Coral Phwy, Juik 322 Cape Coral FL 33904 VSD Change STREET ADDRESS STREET ADDRESS 2128 S.W. 47TH TER. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 Delete TITLE TITLE KOHRS ULRICH KOHRS, ULRICH NAME 1314 tape Coral Phny, Juik 322 Cape Coral, FL 33904 STREET ADDRESS STREET ADDRESS 2128 S.W. 47TH TER. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 awarderess, with all other like empowered.

SIGNATURE:

MENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sabriele Kohri 02-09-00 941-549-42