

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90017 010 ***158.75

DOCUMENT # P99000053009

1. Entity Name
FLORIDA TEAMWORK SERVICES, INC.

Principal Place of Business

1314 CAPE CORAL PKWY
STE 322
CAPE CORAL FL 33904

Mailing Address

1314 CAPE CORAL PKWY
STE 322
CAPE CORAL FL 33904

2. Principal Place of Business

1317 SE 46th Lane
 Suite, Apt. #, etc.
#207

3. Mailing Address

1317 SE 46th Lane
 Suite, Apt. #, etc.
#207

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-09280142

Applied For

Not Applicable

Zip

33904

Country

Lee

Zip

33904-8624

Country

Lee

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOHR, GABRIELE

1314 CAPE CORAL PKWY
STE 322
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

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

1317 SE 46th Lane #207

City

Cape Coral

FL

Zip Code

33904

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

GABRIELE KOHR

Gabriele Kohr

3-20-02

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, 2002 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	KOHR, GABRIELE	
STREET ADDRESS	1314 CAPE CORAL PKWY -STE 322	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KOHR, ULRICH	
STREET ADDRESS	1314 CAPE CORAL PKWY STE 322	
CITY-ST-ZIP	CAPE CORAL FL 33904	
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 checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	Lydia Thiersmann
CITY-ST-ZIP	1317 SE 46th Lane #207 Cape Coral, FL 33904
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:

Gabriele Kohr (GABRIELE KOHR) 3-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)