

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90086 047 ***550.00

DOCUMENT # P99000100368

1. Entity Name

TEAM LANDSCAPE/PROPERTY MANAGEMENT, INC.

Principal Place of Business

**5000 NORTHWEST 59TH WAY
 CORAL SPRINGS FL 33067**

Mailing Address

**POST OFFICE BOX 936276
 MARGATE FL 33093**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0967604

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, LOU B

4767 N.W. 30TH ST.

COCONUT CREEK FL 33063

Name

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

5000 NW 59th Way

City

Coral Springs

FL

Zip Code

33067

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.

SIGNATURE *Lou B. Thomas*

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

(NOTE: Registered Agent signature required when reinstating)

9/10/02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **THOMAS, SR., ERVIN**
 STREET ADDRESS **4767 NW 30TH ST.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☒ Change ☐ Addition
 NAME **5000 NW 59th Way**
 STREET ADDRESS **Coral Springs, FL**
 CITY-ST-ZIP **33067**

TITLE **S** ☐ Delete
 NAME **THOMAS, LOU B**
 STREET ADDRESS **4767 NW 30TH ST.**
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☒ Change ☐ Addition
 NAME **5000 NW 59th Way**
 STREET ADDRESS **Coral Springs, FL**
 CITY-ST-ZIP **33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lou B. Thomas

Date

9-10-02

Daytime Phone #

(954)

972-6120

CR2E034 (4/02)