

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S77333

1. Entity Name  
TEAM INFORMATION SERVICES, INC.



*[Handwritten Signature]*

FILED  
08 OCT -8 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1485 INTERNATIONAL PARKWAY, STE 1071  
LAKE MARY, FL 32746 US

Mailing Address  
1485 INTERNATIONAL PARKWAY, STE 1071  
LAKE MARY, FL 32746 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09292008

Chg-P

CR2E034 (12/06)

4. FEI Number  
59-3082665

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

MOORE, TERESA  
2099 ACKOLA POINT  
LONGWOOD, FL 32779

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000136705910

10/07/08--01044--007 \*\*61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
MOORE, MATTHEW M.  
STREET ADDRESS  
2099 ACKOLA POINT  
CITY-ST-ZIP  
LONGWOOD, FL 32779 ☒ Delete

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

TITLE  
NAME  
D  
MOORE, TERESA A.  
STREET ADDRESS  
2099 ACKOLA POINT  
CITY-ST-ZIP  
LONGWOOD, FL 32779 ☐ Delete

TITLE  
NAME  
CED  
MOORE, TERESA A.  
STREET ADDRESS  
2099 ACKOLA POINT  
CITY-ST-ZIP  
LONGWOOD, FL 32779 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Handwritten Signature: Theresa Moore]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/08

Date

407/548-6300

Daytime Phone #