2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90199 019 ***150.00

DOCUMENT # S88800

1. Entity Name
PARENT AND CHILD TEAM, INC.

Principal Place of Business	Mailing Address
721 US HWY 1	721 US HWY 1
~~#205~~ 206	~~#205~~ 206
N.P. BEACH FL 33408	N.P. BEACH FL 33408

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
721 U.S. Hwy 1	721 U.S. Hwy 1
Suite, Apt. #, etc.: # 206	Suite, Apt. #, etc.: # 206
City & State: NORTH PALM BEACH Fl	City & State: NORTH PALM BEACH Fl
Zip: 33408 Country: U.S.A.	Zip: 33408 Country: U.S.A.

4. FEI Number 65-0268783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, HENRY M
~~320 WILMA CIR~~
~~WEST PALM BEACH FL 33404~~

7. Name and Address of New Registered Agent

Name: HENRY M. O'NEILL
Street Address (P.O. Box Number is Not Acceptable): 903 LAKE SHORE DRIVE APT 317
City: LAKE PARK **FL** Zip Code: 33403

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: Henry M. O'Neill DATE: 2-2-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	O'NEILL, BEVERLY C	
STREET ADDRESS	721 US HWY 1 #205	
CITY-ST-ZIP	N.P. BEACH FL 33408	
TITLE	VT	☐ Delete
NAME	O'NEILL, HENRY M	
STREET ADDRESS	721 US HWY 1 #205	
CITY-ST-ZIP	N.P. BEACH FL 33408	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry M. O'Neill 2-2-03 1-561-848-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)