

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90008 017 \*\*\*150.00

**DOCUMENT # P99000034276**

1. Entity Name  
**TEAM MANAGEMENT OF WEST COAST FLORIDA, INC.**

Principal Place of Business      Mailing Address  
**9340 YELLOW LAKE DR.**      **9340 YELLOW LAKE DR.**  
**NEW PORT RICHEY FL 34654**      **NEW PORT RICHEY FL 34654**



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 **59-3573612**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ZOLTON, ROBERT**  
**9340 YELLOW LAKE DR.**  
**NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**9301 BARAK AVE.**  
 City **SEFFNER**      FL      Zip Code **33584**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZOLTON, ROBERT</b> <b>9340 YELLOW LAKE DR.</b> <b>NEW PORT RICHEY FL 34654</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9301 BARAK AVE.</b> <b>SEFFNER, FL 33584</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZOLTON, AMYBETH</b> <b>9340 YELLOW LAKE DR.</b> <b>NEW PORT RICHEY FL 34654</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9301 BARAK AVE.</b> <b>SEFFNER, FL 33584</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Amy Beth Zolton* / *Amy Beth Zolton* - Secretary 7/25/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Securities offered through  
Hornor Townsend & Kent, Inc.  
Member NASD, SIPC  
4014 Gunn Hwy., Suite 140  
Tampa, FL 33624 (813) 264-0808

*Attachment*  
**SCHALLES & ASSOCIATES**  
Certified Public Accounting

Insurance offered through  
The Penn Mutual Life Insurance Company  
4014 Gunn Hwy., Suite 140, Tampa, FL 33624  
(813) 264-0808 1-(800) 783-4554, Ext. 1  
Fax (813) 264-6571

**LARRY C. SCHALLES, C.P.A.**  
Member AICPA, FICPA

13825 US HWY. 19, STE. 403  
HUDSON, FL 34667  
727-862-8300  
(FAX) 727-863-1012

5320 MAIN STREET  
NEW PORT RICHEY, FL 34652  
727-847-2277  
(FAX) 727-847-2643

8726 OLD C.R. 54, STE. C  
NEW PORT RICHEY, FL 34653  
727-372-1570  
(FAX) 727-372-7812

July 22, 2002

675984

P99000034276

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Team Management of West Coast Florida, Inc.  
Doc#: P99000034276

To Whom It May Concern:

Enclosed you will find a Uniform Business Report for the year 2002 due by September 13, 2002. Our understanding is that we should have received one earlier in the year with a due date of May 1, 2002. We never received this earlier report, because we moved our business, and your report is showing our old address of 9340 Yellow Lake Drive, New Port Richey, Florida 34654. Our correct address is: 9321 Barak Avenue, Seffner, Florida 33584. We are also enclosing \$150.00 filing fee, and we ask that you abate any penalties being that we never received the earlier report.

Thanking you in advance for your cooperation in this matter.

Sincerely,

*Larry C. Schalles*  
Larry C. Schalles, CPA