2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003
Secretary of State

DOCUMENT# N01000007824

Entity Name: TEAM B.A.L.L. AND MORE, INC.

Current Principal Place of Business:

10224 HAMLET GLEN DRIVE
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10224 HAMLET GLEN DRIVE
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3751021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENNICK, WILLIE
10224 HAMLET GLEN DRIVE
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	PENNICK, WILLIE A	
Address:	10224 HAMLET GLEN DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	D	( ) Delete
Name:	SEYMORE-PENNICK, SHELIA	
Address:	10224 HAMLET GLEN DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	DS	( ) Delete
Name:	BENNETT, DESIREE	
Address:	8090 ATLANTIC BLVD., F 108	
City-St-Zip:	JACKSONVILLE, FL 32211	
Title:	T	( ) Delete
Name:	WILLIAMS, BARBARA	
Address:	6613 ARANCIO DRIVE WEST	
City-St-Zip:	JACKSONVILLE, FL 32244	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE A. PENNICK DP 05/13/2003

Electronic Signature of Signing Officer or Director — Date