

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000006595**

1. Entity Name

**TEAM AWESOME, INC.****FILED****00 OCT 12 PM 12:56****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4655 47TH ST. SARASOTA FL 34235		Mailing Address 4655 47TH ST. SARASOTA FL 34235		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  CLARK, CAROL 4655 47TH ST. SARASOTA FL 34235				7. Name and Address of New Registered Agent 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.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				DATE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, CAROL <input type="checkbox"/> Delete 4655 47TH ST SARASOTA FL 34235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kittle John <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4655 47th St Sarasota, FL 34235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, REED <input checked="" type="checkbox"/> Delete 4655 47TH ST SARASOTA FL 34235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ferrier Raymond <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4655 47th St. Sarasota, FL 34235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTROMARCiano, FAIR Pamela <input type="checkbox"/> Delete 4655 97TH ST SARASOTA FL 34235			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mastromarino Pamela <input checked="" 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	D Gilani, Shah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4655 47th St. Sarasota, FL 34235		
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 LS		
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		
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 817, 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: <i>Pamela Mastromarino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 9/14/00		Daytime Phone #: 941-359-8158	

CR2E037 (\$500)