

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006595

1. Entity Name

TEAM AWESOME, INC.

Principal Place of Business

Mailing Address

4655 47TH ST.
SARASOTA FL 34235

4655 47TH ST.
SARASOTA FL 34235

2. Principal Place of Business

15830 CR675

3. Mailing Address

PO Box 216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PARRISH 71

PARRISH 71

Zip

Country

Zip

Country

34219

Manatee

34219

Manatee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, CAROL
4655 47TH ST.
SARASOTA FL 34235

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CLARK, CAROL 4655 47TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MASTROMARCiano, PAMELA 4655 97TH ST SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KITTLE, JOHN 4655 47TH STREET SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FERRIER, RAYMOND 4655 47TH STREET SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GILANI, SHAH 4655 47TH STREET SARASOTA FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	200009168152 11/22/02--01041--017 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: Pamela Mastromarino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

941-359-8158

FILED

02 NOV 18 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Team Awesome Inc.
P.O. Box 216
Parrish, Fl. 34219

2012

November 6, 2002

Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Dear Michelle Millagian:

Enclosed please find our copy of the original Business Report submitted Sept. 3, 2002 along with a new check for the fee.

To refresh you memory I spoke to you in Oct. regarding we had not received our Certificate of Status nor had our check cleared the bank when I was doing the bank reg. That is what red flagged the report must of been lost. You had stated at that time to wait for the notice of dissolution then resubmit the fee along with a copy of original paper work and you would waive the reinstatement fee.

If you have any question please call me at 941-776-0970

Sincerely,

Pamela Mastromarino
Pamela Mastromarino

61.25
8.75

70.00