

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006595

1. Entity Name

TEAM AWESOME, INC.

FILED

03 JUN -5 PM 2:44

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
2. Principal Place of Business 15830 CR675 Suite, Apt. #, etc.	3. Mailing Address PO Box 216 Suite, Apt. #, etc.

City & State Parrish 71	City & State Parrish 71	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 34219	Country Manatee	Zip 34219	Country Manatee

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: Car 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002 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 4655 47TH ST SARASOTA FL 34235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change to Principal Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	600020779016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 06/11/03--01053--004 **80.00
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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

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.

Pamela Mastromarciano

9/2/03

041 356 0100