2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000003913

City-St-Zip:

Entity Name: "A" TEAM ENTERPRISES, INC. OF HERNANDO

Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15300 STATE STREET 15300 STATE STREET BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34604 **Current Mailing Address: New Mailing Address:** 15300 STATE STREET 15300 STATE STREET BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34604 FEI Number: 59-3151132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUDELL, SUE TRUDELL, SUE 15300 STATE ST 15300 STATE ST BROOKSVILLE, FL 34609 US BROOKSVILLE, FL 34604 US 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: 04/26/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition TRUDEL, JOHN TRUDEL, JOHN Name: Name: 15300 STATE RD. 15300 STATE RD. Address: Address: BROOKSVILLE, FL 34609 City-St-Zip: BROOKSVILLE, FL 34609 City-St-Zip: Title: Title: () Delete (X) Change () Addition TRUDEL, SUE TRUDEL, SUE Name: Name: 15300 STATE ST. 15300 STATE ST. Address: Address: BROOKSVILLE, FL 34609 BROOKSVILLE, FL 34609 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition CANNON, KERRIE E Name: Name: 20106 HALL DR. Address Address: City-St-Zip: City-St-Zip: BROOKSVILLE, FL 34601 Title: () Delete Title: () Change (X) Addition LAWLOR, COLLEEN A Name: Name: Address: Address: 9329 BELVEDER ST.

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SPRING HILL, FL 34608

SIGNATURE: SUE TRUDELL MRS. 04/26/2002