

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90724 005 \*\*\*150.00

DOCUMENT # P98000004550

1. Entity Name  
TEAM CONCEPTS & ASSOCIATES, INC.



Principal Place of Business  
1768 BEACH AVE  
ATLANTIC BEACH FL 32233

Mailing Address  
1768 BEACH AVE  
ATLANTIC BEACH FL 32233

2. Principal Place of Business

14286 Devington Way  
Suite, Apt. #, etc.

3. Mailing Address

14286 Devington Way  
Suite, Apt. #, etc.

City & State  
Ft Myers FL

Zip  
33912

Country  
USA

City & State  
Ft Myers FL

Zip  
33912

Country  
USA

4. FEI Number  
59-3487121

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ADAMS, MICHEALYN C

~~1125 43 AVE NO 1112 Third St. Suite 7~~  
JACKSONVILLE BCH FL 32250 Neptune Beach FL 32266

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ADAMS, MAUREEN F  
STREET ADDRESS 1768 BEACH AVE 14286 Devington Way  
CITY-ST-ZIP ATLANTIC BEACH FL 32233 Ft Myers FL 33912

TITLE VP ☐ Delete  
NAME LITTLE, THOMAS M  
STREET ADDRESS ~~1768 BEACH AVE~~ 14286 Devington Way  
CITY-ST-ZIP ATLANTIC BEACH FL 32233 FT. MYERS, FL 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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: Maureen F Adams  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 904.247.8321  
Date Daytime Phone #

CR2E034 (10/02)