

02-17-2003 90194 022 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000015469

1. Entity Name
TEAM ENERGY, INC.



Principal Place of Business
 3601 EL CENTRO STREET
 ST PETE BEACH, FL 33706

Mailing Address
 PO BOX 56090
 ST. PETERSBURG, FL 33732

90029029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number
59-0355748

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCERRA, CHRISTOPHER A
 11601 4TH STREET NORTH
 SUITE 1313
 ST PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name **Christopher A. Scerra**
 Street Address (P.O. Box Number is Not Acceptable)
3601 EL CENTRO STREET
 City **St. Pete Beach** FL Zip Code **33706**

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

Christopher A. Scerra

2-13-03

Signature, title or print name of registered agent and the filer

(NOTE: Registered Agents/Agents required when withdrawing)

DATE

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	SCERRA, CHRISTOPHER A	11601 4TH STREET NORTH, SUITE 1313	ST PETERSBURG, FL 33716	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

Christopher A. Scerra

2-12-03

727-515-4504

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

Display Phone #

CRE0004 (10/02)