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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90259 012 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070397

1. Entity Name
TEAM NAPLES, INC.

Principal Place of Business	Mailing Address
975 IMPERIAL GOLF COURSE BLVD 113 NAPLES, FL 34110 US	975 IMPERIAL GOLF COURSE BLVD 113 NAPLES, FL 34110 US

2. Principal Place of Business	3. Mailing Address
4440 Domestic Ave	PO Box 416
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Marco Island FL
Zip: 34104 Country: USA	Zip: 34146 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2226941 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMPTON, DIANA
27269 ARROYAL RD.
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: Henry Lowe
Street Address (P.O. Box Number is Not Acceptable): 1063 Old Marco Lane
City: Marco Island FL Zip Code: 34145

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: Henry Lowe Henry Lowe 04/30/03
(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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COMPTON, DIANA 27269 ARROYAL RD. NAPLES, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Lowe Henry 1063 Old Marco Lane Marco Island FL 34145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MEYER, KATHLEEN 1048 MANOR LAKE DRIVE NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Judy Cleminson 833 Teryl ST Naples FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHAMBERS, JENNIFER 28072 CAVENDISH CT. BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, LYNN 20891 RIVERS FORD ESTERO, FL 33928	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lori Mattell 4277 Exchange Ave Naples FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Lori Mattell 4/30/02 239-649-6060
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #