2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am DOCUMENT # N01000001339 1. Entity Name **Secretary of State** TEAM INTENSITY, INC. 01-30-2002 90125 020 ****61.25 Principal Place of Business Mailing Address 551 S CHICKASAW TRAIL 551 S CHICKASAW TRAIL ORLANDO PL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-369727 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) METZGER, MICHAEL 13151 ROYAL FERN DRIVE ORLANDO FL 32828 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (9/01)TITLE **DPT** ☐ Delete TITLE ☐ Addition NAME NAME METZGER, MICHAEL STREET ADDRESS STREET ADDRESS 131351 ROYAL FERN DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete ☐ Change ☐ Addition TITLE DVS TITLE NAME MCCHESNEY, STEPHEN E STREET ADDRESS STREET ADDRESS 2709 BOLTON BEND CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KUSIAK. TONI NAME STREET ADDRESS STREET ADDRESS 13833 WATERHOUSE WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KUSIAK, FRANK NAME STREET ADDRESS STREET ADDRESS 13833 WATERHOUSE WAY CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32828 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Signing OFFICER OR DIRECTOR Chesney Vice Passibly 1/14/02 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.