

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90102 030 ****61.25

DOCUMENT # N01000001339

1. Entity Name

TEAM INTENSITY, INC.



Principal Place of Business

**551 S CHICKASAW TRAIL
ORLANDO FL 32825**

Mailing Address

**551 S CHICKASAW TRAIL
ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3697275**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METZGER, MICHAEL

**13151 ROYAL FERN DRIVE
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name

CANNON, KELLY

Street Address (P.O. Box Number is Not Acceptable)

70 SPRING LAKE DR

City

DEBARY,

FL

Zip Code

32713

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

Kelley M Cannon - President

4-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	METZGER, MICHAEL	
STREET ADDRESS	131351 ROYAL FERN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	MCCHESNEY, STEPHEN E	
STREET ADDRESS	2709 BOLTON BEND	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUSIAK, TONI	
STREET ADDRESS	13833 WATERHOUSE WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUSIAK, FRANK	
STREET ADDRESS	13833 WATERHOUSE WAY	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, KELLEY	
STREET ADDRESS	70 SPRING LAKE DR.	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLIS, JULIE	
STREET ADDRESS	235 S. DEERWOOD AVE.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROQUE, JOSEPHINE	
STREET ADDRESS	7839 ANTIDES CT	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNSON, KIM	
STREET ADDRESS	8162 TROXLER DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Kelley M Cannon - President

4-29-03

386-608-5014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (10/02)