FILED
Aug 01, 2002 8:00 am
Secretary of State
07-16-2002 90373 014 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074389

1. Entity Name
DOUBLE INTENSITY, INC.

-40398

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
5530 US HWY ONE
PORT ORANGE FL 32127

Mailing Address
5530 US HWY ONE
PORT ORANGE FL 32127

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3466369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BEESLEY, ROBERT J
5530 US HWY ONE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent
Name JOY BEESLEY
Street Address (P.O. Box Number is Not Acceptable) 5530 US HWY 1
City PT ORANGE FL FL Zip Code 32127

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 X Joy Beesley 7-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BEESLEY, ROBERT J 5530 US HWY ONE PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEESLEY, JOY S 5530 US HWY ONE PORT ORANGE FL 32127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD JOY S. BEESLEY 5530 US HWY ONE PT ORANGE FL 32127	☒ 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
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 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joy Beesley 7-11-02 386-761-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rose Bay Auto Body

Attachment

40398 [redacted]

~~#~~ 9M0000074389

7-11-02

TO WHOM IT MAY CONCERN:

THIS LETTER IS BEING WRITTEN TO INFORM YOU THAT DOUBLE INTENSITY I-C, DID NOT RECIEVE A UNIFORM BUSINESS REPORT REQUEST UNTIL 7-9-02 IT IS MY BELIEF THAT THERE WAS & IS AN ON GOING MIX-UP IN THE SYSTEM AND RESPECTFULLY REQUEST THAT THE LATE FEE BE WAIVED.

YOURS TRULY,
ROBERT BEESLEY

5530 S. Ridgewood Avenue • Port Orange, Florida 32127 • (904) 761-2825

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074389

1. Entity Name
Double Intensity INC.

Attachment

DO NOT WRITE IN THIS SPACE

40398 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5530 US Hwy 1	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange FL	City & State
Zip: 32127 Country: Volusia	Zip Country

4. FEI Number 59-3466369 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Beesley, Robert J

Street Address (P.O. Box Number is Not Acceptable): 5530 US Hwy 1

City: Port Orange FL Zip Code 32127

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: x Joy Beesley
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Beesley, Robert J 5530 US Hwy 1 Port Orange FL 32127	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Beesley, Joy S 5530 US Hwy 1 Port Orange FL 32127	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: [signature] Robert J. Beesley 5-7-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #