

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

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90030 040 \*\*\*150.00

DOCUMENT # P99000066559

1. Entity Name

T.E.A.M. Excellence, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

31 Forest Park Drive

3. Mailing Address

31 Forest Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach FL

City & State

Vero Beach

4. FEI Number

59-3592787

Applied For

Not Applicable

Zip

32962

Country

USA

Zip

32962

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

T.E.A.M. Excellence, Inc. (Michael Shaw)

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

6390 Floridana Ave

City

Melbourne

**FL**

Zip Code

32951-3869

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

Michelle V. Bollinger, Secretary

4/30/02

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)

☐

**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  
Secretary + President  
Michelle V. Bollinger  
31 Forest Park Drive  
Vero Beach, FL 32962

TITLE  
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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

Michelle V. Bollinger - Secretary

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)