


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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90143 008 \*\*\*\*61.25

**DOCUMENT # N02000005852**

1. Entity Name  
**SMART FIGHTER INSTITUTE, INC.**



Principal Place of Business      Mailing Address

**205 N GARDEN AVE**      **PO BOX 397**  
**CLEARWATER FL 33755**      **CLEARWATER FL 33757**

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 **51-0418383**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOOZE, TINA L**  
**1524 LINWOOD DRIVE**  
**CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tina L. Booze*      **5-1-03**  
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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOOZE, TYRONE L SR.</b>	
STREET ADDRESS	<b>1524 LINWOOD DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOOZE, TINA</b>	
STREET ADDRESS	<b>1524 LINWOOD DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RUTLEDGE, LAFRETTA F</b>	
STREET ADDRESS	<b>1312 MARY L RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Booze, Tyrone L. Sr.</b>	
STREET ADDRESS	<b>P.O. Box 397</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33757</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Booze, Tina</b>	
STREET ADDRESS	<b>1524 Linwood Drive</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33765</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Shaunik Mart</b>	
STREET ADDRESS	<b>P.O. Box 397</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33757</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Debbie Garcia Nieto</b>	
STREET ADDRESS	<b>2610 W Kennedy Blvd</b>	
CITY-ST-ZIP	<b>Tampa, FL 33609</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dr. Michael O'Neal</b>	
STREET ADDRESS	<b>2702 Tampa Rd</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34684</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Randy Harris</b>	
STREET ADDRESS	<b>432-69th Aven</b>	
CITY-ST-ZIP	<b>Pinellas Park, FL 33781</b>	

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: *Tina Booze, Treasurer*      **5-1-03**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/02)