

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

0050212

DOCUMENT # N96000001341

1. Entity Name

THE INFINITE WAY OF THE MARTIAL ARTS, INC.

03-09-2001 90471 039 ****61.25

Principal Place of Business

Mailing Address

**5324 53RD WAY
 WEST PALM BEACH FL 33409**

**5324 53RD WAY
 WEST PALM BEACH FL 33409**

J Z D D Z

2. Principal Place of Business

3. Mailing Address

46 West 21st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

4. FEI Number

65-0676317

Applied For

Not Applicable

Zip
33404

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, DAVID A
 5324 53RD WAY
 WEST PALM BEACH FL 33409**

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID A	
STREET ADDRESS	5324 53RD WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNEY, DENISE M	
STREET ADDRESS	5324 53RD WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRAY, ROBERT L	
STREET ADDRESS	2631-E AVENUE R	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY-LEWIS, LECIA	
STREET ADDRESS	4000 HEATH CIRCLE SO	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOULTRIE, RANGLIQUE M	
STREET ADDRESS	1420 WEST 27TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *DAVID A. WILLIAMS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01 (561) 697-9065
 Date Daytime Phone #

CR2E037 (10/00)