


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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90143 038 ****61.25

DOCUMENT # N96000001341

1. Entity Name
THE INFINITE WAY OF THE MARTIAL ARTS, INC.



Principal Place of Business
**46 WEST 21ST STREET
RIVIERA BEACH FL 33404**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0676317**

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

6. Name and Address of Current Registered Agent
**WILLIAMS, DAVID A
5324 53RD WAY
WEST PALM BEACH FL 33409**

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |
| 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: DENISE M. BURNEY *[Signature]* **4/11/03** **697-9065**

CR2E037 (10/02)