

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90083 041 ***150.00

DOCUMENT # P02000045553

1. Entity Name
FALBO'S FAMILY KARATE, INC



Principal Place of Business
**308 VIA DELUNA DRIVE
PENSACOLA BEACH FL 32561**

Mailing Address
**308 VIA DELUNA DRIVE
PENSACOLA BEACH FL 32561**

2. Principal Place of Business

2558 Gulf Breeze Pkwy
Suite, Apt. #, etc.
Unit B

3. Mailing Address

Same As Above
Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

4. FEI Number

03-0441835

Applied For

Not Applicable

Zip

32563

Country

SANTA ROSA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FALBO, JAMES A
308 VIA DELUNA DRIVE
PENSACOLA BEACH FL 32561**

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)

DATE

3/7/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALBO, JAMES A 308 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FALBO, TINA M 308 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

850-206-9216

Date

Daytime Phone #

CR2E034 (10/02)