

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 049 ***150.00

DOCUMENT #
1. Entity Name **P98000087041**
TAEKWON DO Academy, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **4265 So. Fla Ave**
Suite, Apt. #, etc.

3. Mailing Address **PO Box 92565**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **LAKELAND, FL**
City & State **LAKELAND FL**

Zip **33813** Country **USA** Zip **33804** Country **USA**

4. FEI Number **59-353-9853** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **SHARON WISNESKI**

Street Address (P.O. Box Number is Not Acceptable) **4404 Sugartree Dr. E.**

City **LAKELAND** FL Zip Code **33803**

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 _____ (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 | PVST WISNESKI, SHARON 4404 Sugartree Dr E LAKELAND FL 33803 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: Sharon Wisneski Date 4/28/02 Daytime Phone # 863644-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)