

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90024 013 ***158.75

DOCUMENT # S04837

1. Entity Name

UNITED MARTIAL ARTS CENTER, INC.



Principal Place of Business

9250 COLLEGE PKWY
7
FT MYERS FL 33919
US

Mailing Address

9250 COLLEGE PKWY
7
FT MYERS FL 33919
US

2. Principal Place of Business

11625 S. Cleveland Ave #3

Suite, Apt. #, etc.

#3

3. Mailing Address

11625 S. Cleveland Ave.

Suite, Apt. #, etc.

#3

City & State

Fort MYERS, FL

City & State

Fort MYERS, FL.

Zip

33907

Country

USA

Zip

33907

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0225773

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUAK, NOH GEUN
9250 COLLEGE PARKWAY
SUITE 7
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

GUAK, Noh Geun

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

11625 S. Cleveland Ave. #3

City

Fort MYERS

FL

Zip Code

33907

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

[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 \$150.00

After May 1, 2004 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 DP ☐ Delete
NAME GUAK, NOH GEUN
STREET ADDRESS 300 AVIATION PKWY
CITY-ST-ZIP CAPE CORAL FL

TITLE S ☐ Delete
NAME GUAK, HWA SOON
STREET ADDRESS 300 AVIATION PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME GUAK, Noh Geun
STREET ADDRESS 1909 SE 21st TER.
CITY-ST-ZIP CAPE CORAL, FL. 33990

TITLE S ☒ Change ☐ Addition
NAME Guak, Hwa Soon
STREET ADDRESS 1909 SE 21st TER
CITY-ST-ZIP CAPE CORAL, FL. 33990

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

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

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

TITLE ☐ Change ☐ 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #