

# 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.

CHECK HERE IF MAKING CHANGES

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  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>FALBO, JAMES A</b>	
STREET ADDRESS	<b>308 VIA DELUNA DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	
TITLE	<b>VST</b>	<input type="checkbox"/>
NAME	<b>FALBO, TINA M</b>	
STREET ADDRESS	<b>308 VIA DELUNA DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 REQUIRED

DATE **3/7/03**

Daytime Phone # **850-206-9216**

CR2E034 (10/02)