## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am \$ Secretary of State 424982 DOCUMENT # 1. Entity Name 05-20-2002 90012 012 \*\*\*150 00 JACK MOTLEY KARATE STUDIOS, INC. Principal Place of Business Mailing Address 6100-F FAIRFIELD DR. 6100-F FAIRFIELD DR. PENSACOLA FL 32506 PENSACOLA FL 32506 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1485627 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOTLEY, JACK Street Address (P.O. Box Number is Not Acceptable) 8211 SPICEWOOD RD. PENSACOLA FL 32526 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2F034 (9/01) Change ☐ Addition PCD Delete TITLE NAME MOTLEY, JACK NAME STREET ADDRESS RT 8, BOX 676B STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME MOTLEY, LENORA STREET ADDRESS RT 8, BOX 676B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition ☐ Delete TITLE NAME\_ NAME - -STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

FILED