

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91511 009 \*\*\*150.00

DOCUMENT # F95000001867

1. Entity Name

*Mike Seipela Barefoot International  
Training CENTER, Ltd. Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*520 S. Country Club Dr.*

Suite, Apt. #, etc.

3. Mailing Address

*520 S. Country Club Dr.*

Suite, Apt. #, etc.

City & State

*Lake Worth, FL*

City & State

*Lake Worth, FL*

Zip

*33462*

Country

*U.S.A.*

Zip

*33462*

Country

*U.S.A.*

4. FEI Number

*39-1445144*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*SEIPER, MIKE*

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

*520 S. Country Club Dr*

City

*LAKE WORTH*

**FL**

Zip Code

*33462*

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 *President*  
NAME *Mike Seipela*  
STREET ADDRESS *520 S. Country Club Dr.*  
CITY-ST-ZIP *Lake Worth, FL 33462*

TITLE *Director*  
NAME *Mike Seipela*  
STREET ADDRESS *520 S. Country Club Dr.*  
CITY-ST-ZIP *Lake Worth, FL 33462*

TITLE *Vice President*  
NAME *John Seipela*  
STREET ADDRESS *307 Crescent Lane*  
CITY-ST-ZIP *Thiensville, WI*

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Seipela*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/02 561-523-1947*

Date

Daytime Phone #

CR2E034B (12/01)