

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91194 012 ****61.25

DOCUMENT # N01000004197

1. Entity Name

PARENTS OF FORT WALTON BEACH TAEKWONDO TOURNAMEN
T TEAM INC.

Principal Place of Business

Mailing Address

435 TANGLEWOOD DRIVE
FORT WALTON BEACH FL 32547
US

435 TANGLEWOOD DRIVE
FORT WALTON BEACH FL 32547
US

2. Principal Place of Business

3. Mailing Address

9 Maples St NW

9 Maples St NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Walton Beach FL

Ft. Walton Beach FL

Zip

Country

Zip

Country

32548

US

32548

US

4. FEI Number

59-3726721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCHARD, PAULA J
435 TANGLEWOOD DRIVE
FORT WALTON BEACH FL 32547

Name

Rose M Bray

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

9 Maples St NW

City

Ft. Walton Beach

FL

Zip Code

32548

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

Rose M Bray

Rose M Bray

5/28/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HONEYCUTT, LORI
STREET ADDRESS 214 HUDSON DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE D ☐ Delete
NAME BLANCHARD, PAULA
STREET ADDRESS 435 TANGLEWOOD DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE D ☐ Delete
NAME BRAY, ROSE
STREET ADDRESS 9 MAPLES STREET
CITY-ST-ZIP FORT WALTON BEACH FL 32547

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 617, 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:

ROSE M BRAY

5/28/02

(850) 244-7507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)