

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000006318**

1. Entity Name

AIKIDO ASU SHINDAI, INC.

Principal Place of Business

**1940 BRENGLE AVE.
ORLANDO FL 32808
US**

Mailing Address

**1940 BRENGLE AVE.
ORLANDO FL 32808
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3430165

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOOKE, DENNIS
1940 BRENGLE AVE
ORLANDO FL 32808**

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.

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 \$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

TITLE	PD	☐ Delete
NAME	HOOKE, DENNIS	
STREET ADDRESS	1940 BRENGLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	☐ Delete
NAME	JONES, DAVID PH.D.	
STREET ADDRESS	1940 BRENGLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VD	☐ Delete
NAME	CANIN, BRIAN	
STREET ADDRESS	1940 BRENGLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	SD	☐ Delete
NAME	DAVIS, BRIAN	
STREET ADDRESS	1940 BRENGLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	TD	☐ Delete
NAME	FASEN, STEPHEN	
STREET ADDRESS	1940 BRENGLE AVENUE	
CITY-ST-ZIP	ORLANDO FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90124 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)