

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004900

1. Entity Name

MARTIAL ARTS FOR LIFE, INC.

Principal Place of Business

70 4TH ST NORTH  
WEST WINTER HAVEN FL 33880

Mailing Address

PO BOX 7223  
WINTER HAVEN FL 33883

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3586273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CEBALLOS, CHARLINE K  
1510 FLORIDA DEVELOPMENT ROAD  
DAVENPORT FL 33837

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 D ☐ Delete  
NAME CEBALLOS, CHARLINE K  
STREET ADDRESS 1510 FLA DEVELOPMENT RD  
CITY-ST-ZIP DAVENPORT FL 33880

TITLE D ☐ Delete  
NAME MACCLARY, THOMAS J  
STREET ADDRESS 2032 FLA DEVELOPMENT RD  
CITY-ST-ZIP DAVENPORT FL 33880

TITLE D ☒ Delete  
NAME PARKER, REBECCA  
STREET ADDRESS 624 AE A NE  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ Delete  
NAME SHORETTE, MICHAEL G *Shorette*  
STREET ADDRESS 340 FORMAL AVE SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete  
NAME LEE, JIM  
STREET ADDRESS 309 SAGE RD  
CITY-ST-ZIP WINTER HAVEN FL 33880

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  
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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 *Charline K Ceballos* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 863-287-8809

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

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