2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State **DOCUMENT #** A Higher Power Through Tae Kwon DO. Inc 05-11-2001 90130 030 ***150.00 Mailing Address Principal Place of Business 2787 B 55th Street Business Address Same as Naples, FL 34116 4000mv... 3. Mailing Address 2. Principal Place of Business Same 2787 B 55th Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable <u>59-3625389</u> Naples. FL 34116 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required <u>34116</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Kelly A. Lee , PA 201 Airport Road South Zip Code FL Naples, FL 34104 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing er MAY 1, 2001 Fee will be \$550.0 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Freck Pavable to Department of (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 3RZE034 (11/00) ☐ Change ■ Addition ☐ Delete TITLE TITLE President Wiercinski NAME 2787 B 55th Street STREET ADDRESS STREET ADDRESS Naples, Fl 34116 City-ST-78 CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITT E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change ■ Addition ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-29 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered. 0423/01 941-860-0302 SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: .